

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90240 002 ***150.00

DOCUMENT # P97000076288

1. Entity Name
WATERWORKS OF ORLANDO, INC.



Principal Place of Business
**4632 N. HIATUS RD
SUNRISE FL 33351**

Mailing Address
**600 S ANDREWS AVENUE
SUITE 400
FT LAUDERDALE FL 33301
US**

2. Principal Place of Business

3. Mailing Address
**c/o Bruce D Green
1313 S. Andrews Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ft Lauderdale FL

4. FEI Number
65-0782214

Applied For
Not Applicable

Zip

Country

Zip
33316

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GREEN, BRUCE D
~~600 S ANDREWS AVENUE~~
~~SUITE 400~~
FT LAUDERDALE FL ~~33301~~**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1313 S. Andrews Ave
City **Ft Lauderdale** **FL** Zip Code **33316**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP LINZER, CHARLES**
STREET ADDRESS **4632 N. HIATUS RD**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **(Signature)** **SIGNATURE REQUIRED** **4/14/03** **(954) 742-2106**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)