

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085240

1. Entity Name

ECOWATER OF SOUTH FLORIDA, INC.

FILED

Feb 05, 2000 8:00 am  
Secretary of State

02-05-2000 90050 046 \*\*\*150.00

Principal Place of Business

2020 W MCNAB RD  
FT LAUDERDALE FL 33309

Mailing Address

2020 W MCNAB RD  
FT LAUDERDALE FL 33309-1000

2. Principal Place of Business

2395 DAVIE Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2395 DAVIE Blvd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FL, LAUDERDALE FL

City & State

FL, LAUDERDALE FL

4. FEI Number

65-0794739

Applied For

Not Applicable

Zip

33312

Country

BROWARD

Zip

33312

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, BARBARA  
2020 W MCNAB RD  
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

JACOBSON, BARBARA

Street Address (P.O. Box Number is Not Acceptable)

2395 DAVIE Blvd.

City FT. Lauderdale

FL Zip Code 33312

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP  
NAME JACOBSON, BARBARA  
STREET ADDRESS 8710 NW 56 ST  
CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Delete

TITLE DV  
NAME FARTRO, AUGUST A  
STREET ADDRESS 1313 SW 17 ST  
CITY-ST-ZIP FT LAUDERDALE FL 33315 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UP  
August A. FARTRO 1-5-2000 954-984-000

Date

Daytime Phone #