

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000016414**

1. Entity Name

FLORIDA WATER SOLUTIONS, INC.**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90025 033 ***150.00

Principal Place of Business

Mailing Address

4368 TIDEWATER DR.
ORLANDO FL 328124368 TIDEWATER DR.
ORLANDO FL 32812-7952**810518**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1193 EAST ALTAMONTE DRIVE

3. Mailing Address

P.O. BOX 150340

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

4. FEI Number

59-3505918

Applied For

Not Applicable

Zip

32701

Country

US

Zip

32715-0340

Country

US5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIPPLER, WILLIAM F
4368 TIDEWATER DR.
ORLANDO FL 32812

Name

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

City

FL

Zip Code

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PS	TRIPPLER, WILLIAM F	4368 TIDEWATER DR	ORLANDO FL 32812				
VT	GATES, RICHARD C	959 FOREST RIDGE CT #204	LAKE MARY FL 32746				

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

WILLIAM F. TRIPPLER

1/24/00

Date

Daytime Phone #