

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**1. Entity Name**  
**FLORIDA WATER SOLUTIONS, INC.**



Mailing Address  
PO BOX 150340  
ALTAMONTE SPRINGS, FL 32715

**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3505918	Applied For
	Not Applicable

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

TRIPPLER, WILLIAM F  
4368 TIDEWATER DR.  
ORLANDO, FL 32812

**DO NOT WRITE  
IN THIS SPACE**

SIGNATURE William J. Rymer  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

TITLE	PS
NAME	TRIPPLER, WILLIAM F
STREET ADDRESS	4368 TIDEWATER DR
CITY - ST - ZIP	ORLANDO, FL 32812

TITLE	VT
NAME	GATES, RICHARD C
STREET ADDRESS	959 FOREST RIDGE CT #204
CITY - ST - ZIP	LAKE MARY, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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: William J. Sympson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Devinne Phang II