

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91364 032 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000016414					
1. Entity Name FLORIDA WATER SOLUTIONS, INC.					
Principal Place of Business 1193 E ALTAMONTE DR ALTAMONTE SPRINGS, FL 32701			Mailing Address PO BOX 150340 ALTAMONTE SPRINGS, FL 32715		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3505918			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TRIPPLER, WILLIAM F 4368 TIDEWATER DR. ORLANDO, FL 32812			7. Name and Address of New Registered Agent		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when changing)					
9. Election Campaign Financing Trust Fund Contribution. ☐			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
	PS TRIPPLER, WILLIAM F	4368 TIDEWATER DR	ORLANDO, FL 32812		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
	VT GATES, RICHARD C	969 FOREST RIDGE CT #204	LAKE MARY, FL 32746		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <u>W. F. Trippler</u> <u>4/24/03</u> SIGNATURE AND TITLE OF AUTHORIZED OFFICER OR DIRECTOR					

CR2034 (10/02)