1/19/01

2001 UNIFORM BUSINESS REPORT (UBR)

9 W. RIVER BEND RD. TSTAL RIVER R. 3M28 TO NOT WRITE IN THIS SPACE CRY & State Suito, Apt. 8, etc. Cry & State Cry & S	2001 UNIFORM BUSII DOCUMENT # P980000 Entity Name WATER WELL, INC.		ORT (UBR)	FILED Feb 08, 2001 8:00 at Secretary of State 01-19-2001 90073 017 ***150.00
Principal Place of Business 3. Mailing Address Sutto, Apr. 4, Mc City & States City & City & States City & States City & States City & City & States City & States City & City & States City & City & States City & States City & City	trincipal Place of Business	Mailing Address		7
Suito, Apt. #. etc. City & States S. Centificate of Status Deserted S. Centificate of St	49 W. RIVER BEND RD. IYSTAL RIVER FL 34428			- 00199
City & Salter City &	Principal Place of Business	3. Mailing Address		
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S. Certificate of Salus Desired 90.7 / Apagement			,	397330/019
SILEERMANN, GALE PRESTIGE PLACE LISTE 230 2600 MCCORMICK DR. CLEARWATER FL 33579 City FL Zip Code The above named exity submits this stayform to shape process of complete its registered agent, or both, in the State of Florida. SINATURE This corporation is eligible to satisfy its intanaptile And Mark Ayr 1, 2001 Fee will be \$550.00 Alter MAY 1, 2001 Fee will be \$550.00 Alter MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 EXEMPLIFY AND W. RIVER BEND RD. CRYSTAL RIVER FL 34428 EXEMPLIFY AND STREET ADDRESS OTY-51-2P Delate TILE Delate TILE Delate TILE Delate TILE NAME STREET ADDRESS STREET ADDRESS CITY-51-2P Delate TILE NAME STREET ADDRESS CITY-51-2P Delate TILE Change Addition Addition Addition Addition Addition Addition Addition Addition TILE NAME STREET ADDRESS CITY-51-2P Delate TILE Change Addition Change Addition Addition Change Addition Change Addition Addition Change Addition Addition Change Addition Addition Change Additi			Country	5. Certificate of Status Desired Fee Required
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The above named entity dubmits this size/fining to the process of crystophy its registered align, or both, in the State of Florida. SINATURE SUffer from a finite is impassed oper and the linguished possible in the processor of the processor o				5///
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I hereby certify that the information supplied with this filling does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information			STREET ADDRESS	
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 eath; that I am an officer or director	I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation of the corporation.	liling does not qualify to and accurate and that m	the exemption stated in S ny signature shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director