

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

FILED

DOCUMENT # 198 000043369

1. Entity Name

ABSOLUTE WATER CARE, INC.



03 JUN 20 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

22 SOUTH VENICE BLVD

Suite, Apt. #, etc.

3. Mailing Address

22 SOUTH VENICE BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

VENICE, FL 34293

Zip

Country

US

City & State

VENICE, FL 34293

Zip

Country

US

4. FEI Number

65-0835686

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code
32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1: May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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
**Asst. Secretary & Asst. Treasurer
Beth W. Cooper
909 Silver Lake Blvd.
Dover, DE 19904**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Kenneth Gibson
22 South Venice Blvd.
Venice, FL 34293**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Chief Executive Officer
John R. Schimkaitis
909 Silver Lake Blvd.
Dover, DE 19904**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Vice President, Treasurer & CFO
Michael P. McMasters
909 Silver Lake Blvd.
Dover, DE 19904**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Vice President & Corp. Secretary
William C. Boyles
909 Silver Lake Blvd.
Dover, DE 19904**

TITLE
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STREET ADDRESS
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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 17, 2003

Date

(302) 734 6799

Daytime Phone #

CR2E0348 (12/02)

7/6/20