

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90049 045 \*\*\*150.00

FORM 1200  
AV

**DOCUMENT # P98000072061**

1. Entity Name  
**H2O MANAGEMENT, INC.**



Principal Place of Business  
**3731 COUNTY RD. 220  
MIDDLEBURG FL 32068**

Mailing Address  
**3731 COUNTY RD. 220  
MIDDLEBURG FL 32068**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-3534724**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**REEMELIN, JAMES B  
3731 COUNTY RD. 220  
MIDDLEBURG FL 32068**

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  **J.B. Reemelin Pres** **5/9/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>D</b> <input type="checkbox"/> Delete <b>REEMELIN, JAMES B</b>
STREET ADDRESS	<b>3731 COUNTY RD. 220</b>
CITY-ST-ZIP	<b>MIDDLEBURG FL 32068</b>
TITLE NAME	<b>D</b> <input type="checkbox"/> Delete <b>ROTCHFORD, GEORGE</b>
STREET ADDRESS	<b>221 E. CHURCH ST.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>
TITLE NAME	<b>D</b> <input type="checkbox"/> Delete <b>WELDON, DAN W</b>
STREET ADDRESS	<b>7854 KNOLL DR. S.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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:  **J.B. Reemelin Pres** **5/9/03** **904-591-0470**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)