

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90100 006 ***150.00

DOCUMENT # P98000080782

1. Entity Name

MASON'S WATER SERVICE INC.

Principal Place of Business

**193 LAKE GENEVA ROAD
GENEVA FL 32732**

Mailing Address

**P.O. BOX 795
GENEVA FL 32732**

2. Principal Place of Business

193 Lake Geneva Rd.

3. Mailing Address

P.O. Box 795

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Geneva FL.

City & State

Geneva FL.

Zip

32732

Country

U.S.A.

Zip

32732

Country

Seminole

4. FEI Number

59-3532846

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MASON, ROBERT C
193 LAKE GENEVA DR.
GENEVA FL 32732**

7. Name and Address of New Registered Agent

Name **Robert C. Mason Jr.**

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

193 Lake Geneva Rd.

P.O. Box 795

City

Geneva FL.

FL

Zip Code

32732

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.

SIGNATURE

Robert C. Mason Jr.

1-16-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PVTS** ☐ Delete
NAME **MASON, ROBERT C**
STREET ADDRESS **193 LKE GENEVA DR**
CITY-ST-ZIP **GENEVA FL 32732**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert C. Mason Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01

Date

Daytime Phone #

CR2E034 (10/00)