

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90076 009 ***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 Geneva FL 32732
 Suite, Apt. #, etc. **N/A**

3. Mailing Address
P.O. Box 795 Geneva FL 32732-0795
 Suite, Apt. #, etc. **N/A**

City & State
GENEVA FL

City & State
GENEVA FL

Zip
32732-0795

Country
Scuniole

Zip
32732-0795

Country
Scuniole



DO NOT WRITE IN THIS SPACE

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 JR
193 LAKE GENEVA DR.
PO BOX 795
GENEVA FL 32732

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.

SIGNATURE **N/A** DATE

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

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS MASON, ROBERT C 193 LKE GENEVA DR GENEVA FL 32732 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.** **1-17-02** **407-349-9221**

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

CR2E034 (9/01)