

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080930

1. Entity Name

H2O SERVICES, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90013 003 ***150.00

Principal Place of Business

Mailing Address

1100 COMMERCIAL BLVD.
UNIT 114
NAPLES FL 34101
US

1340 DEPOT ST.
SUITE 300
RODEY RIVER OH 44116-1741
US

2. Principal Place of Business

3. Mailing Address

1100 Commercial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 114

City & State

City & State

Naples FL

Zip

Country

Zip

Country

34101

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3538529

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEST, GREGORY R
205 N. COLLIER BOULEVARD
SUITE 236
MARCO ISLAND FL 34145

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

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, 2000 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 P
NAME WEST, GREGORY R
STREET ADDRESS 1100 COMMERCIAL BLVD.
CITY-ST-ZIP NAPLES FL 34101 ☐ Delete

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

TITLE V
NAME SHERMAN, MICHAEL D
STREET ADDRESS 15520 FIDDLESTICKS BLVD.
CITY-ST-ZIP FT. MYERS FL 33912 ☒ Delete

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

TITLE T
NAME KMETZ, MICHAEL J
STREET ADDRESS 1340 DEPOT ST.
CITY-ST-ZIP REEKY RIVER OH 44116 ☒ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)