

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90105 031 ***150.00

DOCUMENT # P99000002819

1. Entity Name
STORMWATER MANAGEMENT, INC.

Principal Place of Business

**2201 VALLE ESCONDIDO
PENSACOLA FL 32526**

Mailing Address

**2201 VALLE ESCONDIDO
PENSACOLA FL 32526**

2. Principal Place of Business

6709 Pensacola Blvd

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

Pensacola, FL

City & State

SAME

4. FEI Number

59-3564186

Applied For

Not Applicable

Zip

32505

Country

ESCAMBA

Zip

32505

Country

ESCAMBA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANFILIPPO, RICHARD D

16 TRITAN WAY

PENSACOLA BEACH FL 32561

7. Name and Address of New Registered Agent

Name **Sanfilippo, Richard D**

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

6709 Pensacola Blvd

City **Pensacola**

FL

Zip **32505**

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 date 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, 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

TITLE **D** ☐ Delete
NAME **SANFILIPPO, RICHARD D**
STREET ADDRESS **16 TRISTAN WAY**
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Sanfilippo, Richard D.**
STREET ADDRESS **6709 Pensacola Blvd**
CITY-ST-ZIP **Pensacola, FL 32505**

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard D. Sanfilippo **4/24/02**
President
Date Daytime Phone #

CR2E034 (9/01)