

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90001 042 ***550.00

DOCUMENT # P99000004805

1. Entity Name
WATER EQUIPMENT TECHNOLOGIES OF CENTRAL FLORIDA,

Principal Place of Business

**121 STAG RIDGE CT.
 LONGWOOD FL 32779**

Mailing Address

**121 STAG RIDGE CT.
 LONGWOOD FL 32779**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Longwood FL
 Zip 32779 Country U.S.**

City & State

**Longwood, FL
 Zip 32779 Country U.S.**

4. FEI Number

59-3553686

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BOLING, RODERIC LEE
 121 STAG RIDGE CT.
 LONGWOOD FL 32779**

**202 Churchill Dr.
 Longwood, FL 32779**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

32779

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

Roderic Lee Boling

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-10-01

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so:

☐

FILE NOW!!! FEE IS \$550.00

After September 12, 2001 Fee will be \$750.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BOLING, RODERIC LEE
121 STAG RIDGE CT.
LONGWOOD FL 32779
202 Churchill Dr.
Longwood FL 32779

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
AUGUST, ANNA LOUISE
121 STAG RIDGE CT.
LONGWOOD FL 32779
202 Churchill Dr.
Longwood FL 32779

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-01

407 682 2921

Date

Daytime Phone #

CR2E034 (5/01)