

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90011 011 \*\*\*150.00

**DOCUMENT #** P99000039034

**1. Entity Name**

WATER SYSTEM MAINTENANCE, INC.



**Principal Place of Business** Mailing Address

1031 B. N.E. Pine Island Road  
 Cape Coral, Florida 33909

Same

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**4. FEI Number**

Applied For

Zip

Country

Zip

Country

654 0752476

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**

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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | P/V                           | <input type="checkbox"/> Delete |
| NAME           | Michael Stauffer              |                                 |
| STREET ADDRESS | 1031 B. N.E. Pine Island Road |                                 |
| CITY-ST-ZIP    | Cape Coral, Florida 33909     |                                 |
| TITLE          | S/T                           | <input type="checkbox"/> Delete |
| NAME           | Carol A. Sears                |                                 |
| STREET ADDRESS | 1031 B. N.E. Pine Island Road |                                 |
| CITY-ST-ZIP    | Cape Coral, Florida 33909     |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:** X

Michael Stauffer

07-31-00

914-574-4480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Attachment P 990000 39034  
DW79KKO

**William A. Tenwick**  
Attorney at Law  
P. O. Box 4090  
Ft. Myers, Florida 33918-4090  
(941) 567-0623 \* Fax (941) 567-1454

August 2, 2000

Florida Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

ATTENTION: UNIFORM BUSINESS REPORT

RE: WATER SYSTEM MAINTENANCE, INC.  
P99000039034

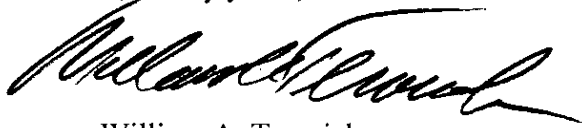
Dear Sir or Madam:

Please find enclosed my client's fee check in the amount of \$150.00 together with the UBR-completed form submitted herewith.

It is noted that this UBR is filed late; however, my client is a relatively new corporation, never received a pre-printed form in the mail, and inadvertently forgot to make the appropriate inquiries to determine what to do next. Therefore, it is respectfully requested that this oversight be attributed to excusable neglect and no penalty fee imposed by your office at this time.

Thank you for your kind consideration in this matter.

Sincerely yours,



William A. Tenwick

WAT/wt

ENCLOSURES: AS INDICATED

cc: Client