

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90033 011 ***558.75

A0074267

DO NOT WRITE IN THIS SPACE

DOCUMENT # P990000053646
1. Entity Name
 FAISON WATER WELL SERVICES, INC. ✓

Principal Place of Business **Mailing Address**
 5192 Shell Point Drive 5192 Shell Point Drive
 Vernon, FL 32462 Vernon, FL 32462

2. Principal Place of Business **3. Mailing Address**
 5192 Shell Point Drive Post Office Box 987
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Vernon, Florida 32462 Bonifay, Florida
Zip **Country** **Zip** **Country**
 32462 USA 32425 USA

4. FEI Number **Applied For**
 59-3592136 Not Applicable

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

6. Name and Address of Current Registered Agent
 Shawna Faison
 1314 Jackson Avenue
 Chipley, Florida 32428

7. Name and Address of New Registered Agent
Name Shawna Faison
Street Address (P.O. Box Number is Not Acceptable)
 5192 Shell Point Drive
City Vernon, **FL** **Zip Code** 32462

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 Shawna Faison **Registered Agent** **August 21, 2000**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Walton C. Faison, Jr. 5192 Shell Point Drive Vernon, FL 32462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Shawna Faison 5192 Shell Point Drive Vernon, FL 32462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Shawna Faison **August 21, 2000** **(850) 535-6982**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)