

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90101 030 ***150.00

DOCUMENT # P99000066505

1. Entity Name
WATER RECOVERY, INC.



Principal Place of Business
251 LEVY RD
ATLANTIC BEACH FL 32233-0569

Mailing Address
P O BOX 330569
ATLANTIC BEACH FL 32233-0569

2. Principal Place of Business
1319 Albert St.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip
32202
Country
US

City & State
Zip
Country

4. FEI Number
52-2183567

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALE, HOWARD L
200 W FORSYTH ST, SUITE 1100
JACKSONVILLE FL 32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **JENKINS, STEVEN T**
STREET ADDRESS **251 LEVY RD**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: POSEY H. JENKINS **SECRETARY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/03 **904 241-2200**
Date **Daytime Phone #**

CR2E034 (10/02)