**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 02, 2001 8:00 am Secretary of State DOCUMENT # P99000073776 1. Entity Name NEW WATER RESOURCES, INC. 5-02-2001 90051 034 \*\*\*150.00 Principal Place of Business Mailing Address 800 SECOND AVE. SOUTH, STE, 340 800 SECOND AVE. SOUTH, STE, 340 544865 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address ONE BEACH DRIVE, S.E. ONE BEACH DRIVE, S.E Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 301-C 301-C Applied For City & State City & State 4. FEI Number 59-3637678 PETERSBURG, FL ST · PETERS BURG, Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA 3370 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOVETT, JOHN C Street Address (P.O. Box Number is Not Acceptable) 106 E. COLLEGE AVE., STE. 1200 TALLAHASSEE FL 32301 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete TITLE Change TITLE NAME NAME BOULE, JIM STREET ADDRESS STREET ADDRESS 3318 NINTH ST. NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33704 TITLE ☐ Addition ☐ Delete TITLE NAME PAGANO, PETER A NAME STREET ADDRESS STREET ADDRESS 1759 BOLTON ABBEY DR. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32223 Change Addition ☐ Delete TITLE TITLE NAME PARKER, KENNETH -NAME ONE BEACH STREET ADDRESS STREET ADDRESS DRIVE, S.E. 800 2ND AVE. SOUTH, STE. 340 CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG, 33701 ST. PETERSBURG FL 33701 ☐ Delete TITLE ☐ Addition TITLE ROBERTS, BRADLEY NAME NAME STREET ADDRESS STREET ADDRESS N 3405 CITY-ST-ZIP CITY-ST-ZIP NASSAU, BAHAMAS TITLE ☐ Change ☐ Addition Delete TITLE NAME THURN, WALT NAME STREET ADDRESS 1247 MURAK WAY SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33705 □ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP 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.