

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90029 029 ***150.00

MA0310 AV

DOCUMENT # P99000073776

1. Entity Name
NEW WATER RESOURCES, INC.

Principal Place of Business

**ONE BEACH DR SE
 301-C
 ST. PETERSBURG FL 33701**

Mailing Address

**ONE BEACH DR SE
 301-C
 ST. PETERSBURG FL 33701**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number **59-3637678**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LOVETT, JOHN C
 106 E. COLLEGE AVE., STE. 1200
 TALLAHASSEE FL 32301**

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, 2002 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 **D** ☐ Delete
 NAME **BOULE, JIM**
 STREET ADDRESS **3318 NINTH ST. NORTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE **D** ☐ Delete
 NAME **PAGANO, PETER A**
 STREET ADDRESS **1759 BOLTON ABBEY DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **D** ☐ Delete
 NAME **PARKER, KENNETH**
 STREET ADDRESS **ONE BEACH DR SW #301-C**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **D** ☐ Delete
 NAME **ROBERTS, BRADLEY**
 STREET ADDRESS **N 3405**
 CITY-ST-ZIP **NASSAU, BAHAMAS**

TITLE **D** ☐ Delete
 NAME **THURN, WALT**
 STREET ADDRESS **1247 MURAK WAY SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KENNETH PARKER 4-22-02 727 898 6058

CR2E034 (9/01)