

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90008 012 ***550.00

DOCUMENT # P99000092875

1. Entity Name
SIMPLY WATER, INC.

Principal Place of Business

145 E. RICH AVENUE
 DELAND FL 32721-0048

Mailing Address

P.O. BOX 48
 DELAND FL 32721-0048

2. Principal Place of Business

4807 US 19

Suite, Apt. #, etc.

205

City & State

NEW PORT RICHEY, FL

Zip

34652

Country

3. Mailing Address

4807 US 19

Suite, Apt. #, etc.

205

City & State

NEW PORT RICHEY, FL

Zip

34652

Country

4. FEI Number

59-3623931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORD, F.A. ALEX JR
145 E. RICH AVENUE
DELAND FL 32721-0048

7. Name and Address of New Registered Agent

Name

JOHN A. BASILE

Street Address (P.O. Box Number is Not Acceptable)

4807 US 19 ; SUITE 205

City

NEW PORT RICHEY

FL

Zip Code

34652

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)

JOHN A. BASILE
SEC

8/18/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☒ Delete
 NAME **D**
 STREET ADDRESS **MOSES, DEBRA**
 CITY-ST-ZIP **8929 SHARON DRIVE**
NEW PORT RICHEY FL 34654

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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 **SECRETARY**
 STREET ADDRESS **JOHN A. BASILE**
 CITY-ST-ZIP **2822 GLORIA CT.**
CLEARWATER, FL 33761

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

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

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

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 #

8/18/00

727-815-9677

CR2E034 (5/00)