

2000 UNIFORM BUSINESS REPORT (UBR)

9/11/00-90017-025-\$150.00-\$150.00

DOCUMENT # P99000094317

1. Entity Name

INDEPENDENT WATER SERVICE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 13 AM 10:23

00100111



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

11 GOODALL AVE
DAYTONA BEACH FL 32118

11 GOODALL AVE
DAYTONA BEACH FL 32118-4617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3603843

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOGUIDICE, JOSEPH A
2441 BELLEVUE AVE
DAYTONA BEACH FL 32114

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)

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LITTLE, PAUL 2441 BELLEVUE AVE DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25234 (9/00)

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Florida Department of State
Attn: (URB 2000)
P O Box 6327 Tallahassee, FL 32164

September 1, 2000

Dear Sir or Madam:

This letter is to inform your office that we never received our 2000 uniform business report and because of that our office called the department of state and requested a form. Since we never received a form we could not file it on time. The department of state directed me to the request forms line and told our office to send a letter stating why it was not filed on time. Please make the correct changes to my records and file my corporation UBR from for 2000. Thank you for your time in concerning this matter.

Sincerely,

Independent Water Service, Inc
11 Good *ABE AVE*
Daytona Beach, FL 32118