

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097092

1. Entity Name

UNITED WATER OPERATIONS FLORIDA INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90309 033 ***150.00

Principal Place of Business Mailing Address
200 Old Hook Road 200 Old Hook Road
Harrington Park, NJ 07640 Harrington Park, NJ
07640

C0090788

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
22-3718387 Not Applicable
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
MABM Corporate Services, Inc. Name
One Independent Drive MABM Corporate Services, Inc.
Suite 3000 Street Address (P.O. Box Number is Not Acceptable)
Jacksonville, Florida 32202 Attention: Scott G. Schildberg
One Independent Drive, Suite 3000
City Jacksonville FL Zip Code 32202

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 *Scott G. Schildberg* Scott G. Schildberg, VP 04/25/00
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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D Simunovich, Joseph STREET ADDRESS 200 Old Hook Road CITY-ST-ZIP Harrington Park, NJ 07640 <input checked="" type="checkbox"/> Delete		TITLE D/T Turner, John J. STREET ADDRESS 200 Old Hook Road CITY-ST-ZIP Harrington Park, NJ 07640 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D Correll, Donald L. STREET ADDRESS 200 Old Hook Road CITY-ST-ZIP Harrington Park, NJ 07640 <input checked="" type="checkbox"/> Delete		TITLE D/S Shakley, Allan D. STREET ADDRESS 200 Old Hook Road CITY-ST-ZIP Harrington Park, NJ 07640 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D Iacullo, Robert J. STREET ADDRESS 200 Old Hook Road CITY-ST-ZIP Harrington Park, NJ 07640 <input type="checkbox"/> Delete		TITLE D/P Moseley, Gary STREET ADDRESS 200 Old Hook Road CITY-ST-ZIP Harrington Park, NJ 07640 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE VP Hjelm, Carla E. STREET ADDRESS 200 Old Hook Road CITY-ST-ZIP Harrington Park, NJ 07640 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE AS Hjelm, Carla E. STREET ADDRESS 200 Old Hook Road CITY-ST-ZIP Harrington Park, NJ 07640 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <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: *Carla E. Hjelm* 4/26/00 201 7672886.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)