

2000 UNIFORM BUSINESS REPORT (UBR)

67.

FILED
Jul 25, 2000 8:00 am
Secretary of State

06-27-2000 90004 024 ***150.00

DOCUMENT # P9910007997

1. Entity Name
GARY GREICO WATERCARE INC

Principal Place of Business Mailing Address

349 ADALIA TERR. Same

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

PT. CHARLOTTE, FL Same

Zip Zip Country

33953 Same

4. FEI Number 65-0969506 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARY R. ERBATO
349 ADALIA TERR.
PT. CHARLOTTE, FL 33953

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <u>PRESIDENT</u>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>GARY R. GREICO</u>		NAME	
STREET ADDRESS <u>349 ADALIA TERR</u>		STREET ADDRESS	
CITY-ST-ZIP <u>PT. CHARLOTTE, FL 33953</u>		CITY-ST-ZIP	
TITLE <u>SECRETARY</u>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>PAUL STITES</u>		NAME	
STREET ADDRESS <u>5347 KENNIL DR.</u>		STREET ADDRESS	
CITY-ST-ZIP <u>NORTH PORT, FL 34886</u>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Gary R. Greico 6/20/00 (941) 255-9599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (9/99)

DOC # P99000107998

308759

7-20-00

ANDY DUNLOP:

I AM WRITING THIS LETTER AS INSTRUCTED BY YOUR OFFICE. BEING AS I DID NOT RECEIVE MY C.B.R. THROUGH THE MAIL, I CALLED YOUR OFFICE TO INQUIRE AND ALSO TO CHANGE MY MAILING ADDRESS AS I RECENTLY MOVED. I WAS INSTRUCTED TO WRITE A LETTER AND ENCLOSE A \$150.00 CHECK. I WAS INFORMED THAT A LOT OF OTHER BUSINESSMEN ALSO DID NOT RECEIVE THEIR C.B.R. I RECENTLY RECEIVED A LETTER DENYING MY REINSTATEMENT UNTIL I PAY A \$400.00 FINE. I CALLED YOUR OFFICE AGAIN AND THEY TOLD ME TO WRITE ANOTHER LETTER TO REQUEST A WAIVER ON THE FINE AND TO REINSTATE MY CORPORATION. PLEASE RECONSIDER YOUR DECISION.

Thank you

Andy Dunlop President
GARY GRECO WATERCARE