

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S14417

1. Entity Name

VOLUSIA NATIONAL QUALITY WATER, INC.

Principal Place of Business

PO BOX 291991
PORT ORANGE FL 32119
US

Mailing Address

PO BOX 291991
PORT ORANGE FL 32119
US

2. Principal Place of Business

3. Mailing Address

PO Box 631

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Edgewater FL

Zip

Country

Zip

Country

32141 Volusia

6. Name and Address of Current Registered Agent

4. FEI Number 59-3047786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CROTTY, WILLIAM G.
808 CHARLES ST
538 N DIXIE FREEWAY
PORT ORANGE FL 32119

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

4-10-01

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, 2001 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
NAME JOLLIFF, JONI
STREET ADDRESS 808 CHARLES ST
CITY-ST-ZIP PORT ORANGE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 #

4-10-01 767-6007

345-0409

CR2E034 (10/00)

0006549

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90132 050 ***150.00



DO NOT WRITE IN THIS SPACE