

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S26013

1. Entity Name

WATER DOCTORS OF WEST FLORIDA, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90078 023 ***150.00

Principal Place of Business

Mailing Address

13014 N. DALE MABRY
STE. 240
TAMPA FL 33718
US

13014 N DALE MABRY
STE. 240
TAMPA FL 33618-2308
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10608 Lake Carroll Way Suite, Apt. #, etc. N/A

Same Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33618 Hillsborough

4. FEI Number 59-3045211

Applied For
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

EWING, LOUIS H.
10608 LAKE CARROLL WAY
TAMPA FL 33618

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 Louis H. Ewing President
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-3-2000
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 ☐ Delete
NAME EWING, LOUIS H.
STREET ADDRESS 10608 LAKE CARROLL WAY
CITY-ST-ZIP TAMPA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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: Louis H. Ewing President Louis H. Ewing 4-3-2000 813-244-7643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)