

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S31013

1. Entity Name
WATER PLUS OF PINELLAS, INC.

Principal Place of Business
8562 MOCKINGBIRD LANE
SEMINOLE FL 33777
US

Mailing Address
10801 STARKEY RD
STE 104-21
LARGO FL 33777
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10801 STARKEY RD

PMB 104-21

LARGO, FL

33777

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3051010

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

MATTSON, RICK A.
7113 FIRST AVENUE SOUTH
ST. PETERSBURG FL 33707

Name RICK A. MATTSON

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

6500 - 1st AV. N.

ST. PETERS, FL 33710

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) ☐

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
NAME ST
STREET ADDRESS BELL, SANDRA LOIS
CITY-ST-ZIP 8562 MOCKINGBIRD LN
SEMINOLE FL

☐ Delete

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

TITLE
NAME P
STREET ADDRESS LINDSEY, GARY LEE
CITY-ST-ZIP 8562 MOCKINGBIRD LANE
SEMINOLE FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME G. DANIEL BELL, VICE PRES.
STREET ADDRESS 564 - E LAKE DR.
CITY-ST-ZIP LARGO, FL 33771 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Sandra Bell, Sec. Treas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (727) 399-8428

Date

Daytime Phone #

0375285

CR2E034 (10/00)