2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # V70872 WATER SERVICE, INC.				Feb 22, 20 Secretar		ite
Principal Plac	e of Business	Mailing Address					
3116 GARDEN (ST. CLOUD FL		3116 GARDEN COURT ST. CLOUD FL 34737-0032			COUZ.	3686 Name (1881-1881-1881-1881-1881-1881-1881-188	141 816 11 1 88 1
2. Principal P 9348 Suite, Apt.	lace of Business COUNTY ROAD 48 #, etc.	3. Mailing Address BOX Suite, Apt. #, etc.	32		DO NOT WRITE	IN THIS SPACE	
YALA	HA . FL	City & State HOWEY -IN - THE	HLLS, F	<u>L</u> 4.	FEI Number 59-3147800	 -	pplied For ot Applicable
341	97 LAKE	34737-0032	Country	<u> </u>	Certificate of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Hegistered Agent	Name	LICCO	Name and Address of New Rec	COLK	
GLASSCOCK LEA 3116 GARDEN COURT Str. CLOUD FL 34769				dregs (80)	BoxNumber is Not Acceptable) COUNTY ROA	0 48	
31. (0L000 11 04109		City	ALA	 HA	FL 34°	197
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 CHASSCOCK - P 2/09/00 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) Tax filing requirement and elects to do so.				50.00 of State	10. Election Campaign Finar Trust Fund Contribution.	☐ Adde	00 May Be d to Fees
11.	P P P P P P P P P P P P P P P P P P P	DIRECTORS Delete	12. TITLE	P	DDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 11
NAME STREET ADDRESS (CITY-ST-ZIP	GLASSCOCK, RUSSELL E. 3116 GARDEN COURT ST. CLOUD FL		NAME STREET ADDRESS CITY-ST-ZIP	921	SCOCK RUSSEL	7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEA GLASSCOCK 3116 GARDEN CT ST. CLOUD FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAP 924	MAN, MARGARE 8 CK 48 44 EJ 3479	Channe	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	01. 02.003 7.2.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAP 924	MAN CLYDE E 8 CR 48	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	16 (17) 18 (18) 18	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	177.	110,700)	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	.		☐ Change	Addition
TITLE NAME 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: KUSSELLE. SASSELLE. SASSELLE. Date Daytime Priore #							