

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718583

1. Entity Name

OAK AVENUE WATER SYSTEM, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90006 049 ****61.25

Principal Place of Business 1348 NC 157TH AVE WILLISTON FL 32696 US	Mailing Address P. O. BOX 392 WILLISTON FL 32696-0392 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-6382242	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, JOSEPH E
 ALT. US 27
 BEAUCHAMP & SMITH LEGAL BLDG
 BRONSON FL 32621

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, M K	
STREET ADDRESS	1348 NE 157TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAFFORD, HARRY	
STREET ADDRESS	RT 2 BOX 1326	
CITY-ST-ZIP	WILLISTON, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMPSON, SUE	
STREET ADDRESS	1560 NE 157TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ISAAC	
STREET ADDRESS	1591 NE 157TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANFORD, THOMAS W.	
STREET ADDRESS	15851 NE 15TH ST	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	P	<input type="checkbox"/> Delete
NAME	TERRELL, DOROTHY	
STREET ADDRESS	1317 NE 157TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Mary Kate Smith 4-18-00*

CR2E037 (9/99)