## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 15, 2001 8:00 am DOCUMENT # P0000061241 **Secretary of State** INTERNATIONAL OZONE TECHNOLOGIES GROUP, INC. 03-15-2001 90024 027 \*\*\*150.00 Principal Place of Business Mailing Address 3525 DIANE DRIVE 3525 DIANE DRIVE **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1017232 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent MCCUBBIN, RUSS Street Address (P.O. Box Number is Not Acceptable) 3525 DIANE DRIVE **BOYNTON BEACH FL 33435** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (10/00) MCCUBBIN, RUSS NAME NAME STREET ADDRESS 3525 DIANE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **BOYNTON BEACH FL 33435** TITLE TITLE ☐ Change ■ Addition ☐ Delete MCCUBBIN, MARY NAME NAME STREET ADDRESS 3525 DIANE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **BOYNTON BEACH FL 33435** -TITLE≃ Děletě TITLE Change Addition -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

Russ McCubbin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

561-733-8955

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