## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 14, 2001 8:00 am DOCUMENT # P95000084602 **Secretary of State** 1. Entity Name ENVIRONMENTAL TECHNOLOGIES GROUP, INC. 03-14-2001 90498 041 \*\*\*150.00 Principal Place of Business Mailing Address ETG, Inc. ETG, Inc. 154 Woodcreek Dr. N 154 Woodcreek Dr. N. Safety Harbor, Safety Harbor. C0033460 Florida 34695 Florida 34695 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3339525 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KORAH, SELINOSE Street Address (P.O. Box Number is Not Acceptable) 5100 W. KENNEDY BLVD #160 TAMPA FL 33609-1817 City Zip Code submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entit 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 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. CR2E034 (10/00) TITLE **PCEO** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME KORAH, OMANA S STREET ADDRESS STREET ADDRESS 5100 W. KENNEDY BLVD #160 CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33609 ☐ Addition TITLE ☐ Delete TITLE ☐ Change 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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 true empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01 727-797-232

Date Daytime Phon