## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 29, 2001 8:00 am Secretary of State **DOCUMENT # S61204** 1. Entity Name 05-04-2001 90080 009 \*\*\*150.00 CLEAR WATER TREATMENT, INC. Principal Place of Business Mailing Address 924 S.E. 29TH TERRACE 924 S.E. 29TH TERRACE 5522 CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0269888 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 WILKIN, JEFFREY H. 924 SE 29TH TERR CAPE CORAL FL 33904 City 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 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 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PVP ☐ Delete TITLE Change ☐ Addition JEFFREY WILKIN WILKIN, JEFFREY NAME NAME gay st. 29 TERR. STREET ADDRESS 924 SE 29TH TERR STREET ADDRESS 33904 CITY-ST-7IP CITY-ST-ZIF CAPE CORAL FL CORAL Change Addition TITLE ☐ Detete TIFLE NAME NAME ANDRA WILKIN BJY SE, 29 BTERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- 7IP Change Addition TITLE \_\_ Delete TITLE. NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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 of the corporation or the receiver or trustee changed, or on an attachment with an add

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