94/-267-3344 Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # 433785 1. Entity Name SEWER VIEWER, INC.				Apr 30, 2002 8:00 am Secretary of State 04-30-2002 90154 007 ***150.00		
Principal Place of Business 8105 MAINLINE PARKWAY FT MYERS FL 33912 US Mailing Address 16880 GATOR ROAD FT MYERS FL 33912 US) 18411) 8 1868 (1188)/(11886)) 2000 1 1000 1000
2. Principal Place of Business 2/90 Andrea Lone 2/90 Andreas Suite, Apt. #, etc. Suite, Apt. #, etc.			lane		ITE IN THIS SPACE	
City & Stat	e Florida Country	City & State FA Myes, F1 Zip Cou	ntry	4. FEI Number 59-148078	. -	Applied For Not Applicable
33917		339/2	ntry USA	5. Certificate of Status Desired	Fee Requir	
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New	Registered Agent	
BROWN, DONNA 16880 GATOR ROAD FT MYERS FL 33912			Name Donna Brown Street Address (P.O. Box Numberis Not Acceptable) 2/90 Andrea Lang			
) I MILA	011 33912	#P6-14-fallet	City P	myers	FL Zip Cod	de33 9 / 2
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 2002 Make Check Payable			will be \$550.00 Department of Sta	10. Election Campaign F Trust Fund Contributi	on. 🗆 Adde	00 May Be
11.	OFFICERS AND DI			ADDITIONS/CHANGES TO OF	_	
TITLE NAME STREET ADDRESS CITY - ST-ZIP	PD Morgan, Brown 16880 gator road Ft Myers Fl 33912	. CIT	ME Marga	an Brown Andrea Lane Myers M 31912	Change	Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, DONNA 16880 GATOR RD FT MYERS FL 33912	CIT	LE 5/D ME DOM ELECT ADDRESS 2/9 C Y-ST-ZIP F7	na Brown Andrea Lone Myers F1 33912	∑ Change	☐ Addition c
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAI Str	E SOUR DE LES : T		☐ Change	Addition*
TITLE NAME STREET ADDRESS CITY-ST-ZIP			I		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ŀ		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· I		☐ Change	Addition
indicated of the cor	pertify that the information supplied with the on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, will	ue and accurate and that my signa ered to execute this report as requ	iture shall have the s	same legal effect as it made under	oath: that I am an office	r or director