

FILED
May 24, 2002 8:00 am
Secretary of State

04-15-2002 90031 031 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 562285

1. Entity Name
QUALITY WATER TREATMENT, INC.

Principal Place of Business

7101 OVERLAND RD
ORLANDO FL 32810
US

Mailing Address

7101 OVERLAND RD
ORLANDO FL 32810
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1809497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNLAP, DONALD E
14719 CONGRESS ST
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name

Michael L. Dunlap

Street Address (P.O. Box Number is Not Acceptable)

1913 Bearview Dr.

City

Apopka

FL

Zip Code
32703

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

Michael L. Dunlap

Michael L. Dunlap Vice Pres.

4/29/02

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DUNLAP, DONALD E JR
14719 CONGRESS ST
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VST
DUNLAP, MICHAEL L
1913 BEARVIEW DR
APOPKA, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael L. Dunlap

Michael L. Dunlap VP.

4402

407-299-8475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)