## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## F94000006637 **DOCUMENT #**

1. Entity Name

ENVIROTECH PUMPSYSTEMS, INC.



## **FILED** Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90198 030 \*\*\*150.00

|   |  |   |                         | 🛰                             | O WE THE                              |                                  |                  |            |           |                |                  |          |
|---|--|---|-------------------------|-------------------------------|---------------------------------------|----------------------------------|------------------|------------|-----------|----------------|------------------|----------|
| Principal Place of Business Mailing Address 440 WEST 800 SOUTH 440 WEST 800 SOUTH |  |   |                         |                               |                                       |                                  |                  |            |           |                |                  |          |
|   | CITY UT 84101  |   | SALT LAKE CITY UT 84101 |                               |                                       |                                  | ·                |            |           |                |                  |          |
| US  | 01 01101   | US  |                         |                               |                                       |                                  |                  |            |           |                |                  |          |
| •••   |  | 00  |                         |                               |                                       |                                  |                  |            |           |                |                  |          |
| 2. Principal  | Place of Business  | 3 Mail                                      | ing Address             |                               |                                       | <b>-</b> │   ┃ <b>╽┃┃</b> ╽╽     |                  |            |           |                |                  |          |
| at vinispai vidos di Edomoso  |  |   | or maning / localess    |                               |                                       |                                  |                  |            |           |                |                  |          |
| Suite, Apt. #, etc. Suite   |  |   | uite, Apt. #, etc.      |                               |                                       |                                  |                  |            |           |                |                  |          |
|   |  |   |                         |                               |                                       | ☐ CHECK HERE IF MAKING CHANGES   |                  |            |           |                |                  |          |
| City & State  |  |   | City & State            |                               |                                       | 4. FEI Number 97-0530334         |                  |            |           |                | Applied For      | 7        |
|   | ,  | '   |                         |                               |                                       | 4. FEI Number 87-0529231         |                  |            |           | <del></del>    | Not Applicable   | ᅴ        |
| Zip   | Country  | Zip   | Zip Co                  |                               |                                       |                                  |                  |            |           | \$8.75 A       |                  | $\dashv$ |
| 6. Name and Address of Current Registered Agent                                   |  |   |                         |                               |                                       | 5. Certificate of Status Desired |                  |            |           | Fee Required   |                  |          |
|   |  | 7. Name and Address of New Registered Agent |                         |                               |                                       |                                  |                  |            |           |                |                  |          |
|   | Name   |   |                         |                               |                                       |                                  |                  |            |           |                |                  |          |
| C T COR   | -  |   |                         |                               |                                       |                                  |                  |            |           |                |                  |          |
| 1200 SOUTH PINE ISLAND ROAD   |  |   |                         | Street                        | s (P.O. Box Number is Not Acceptable) |                                  |                  |            |           |                | - [              |          |
| PLANTATI  |  | T-12-12                                     |                         |                               |                                       |                                  |                  |            | $\dashv$  |                |                  |          |
|   |  |   |                         |                               |                                       |                                  |                  |            |           |                |                  | 1        |
|   | •  |   |                         | City                          |                                       |                                  |                  |            | FL        | Zip Co         | de               | ٦        |
| 8. The above  | named entity submits this statem   | ent for the purpo                           | ose of changing its     | registered office             | or register                           | ed agent or bo                   | th in the Sta    | to of Eio  |           | - 1            | ond cocct        | _        |
| the obliga  | tions of registered agent.   |   | or or any ing ito       | .09.0.0.00                    | or register.                          | ca agent, or be                  | ATT, III UIG OLA | 16 01 1 10 | ilua. Fam | rairillar with | , апо ассерг     |          |
|   |  |   |                         |                               |                                       |                                  |                  |            |           |                |                  |          |
| SIGNATURE   | Signature, typed or printed name of registered   | acent and title if appli                    | cable (NOTE:            | : Registered Agent sign       | ahura roquirad                        | udon rejectation)                |                  |            | DATE      |                |                  | 1        |
|   |  |   | (11072                  | . Hogistered Agent aigi       | accio reguireo                        | when remstating)                 |                  |            | DATE      |                |                  | 4        |
|   | ILE NOW!!! FEE IS \$150.00   |   |                         |                               |                                       | 9. El                            | ection Campa     | aion Fina  | ancina    | \$5.6          | <b>00</b> May Be |          |
|   | r May 1, 2003 Fee will be \$550<br>k Payable to Florida Departme   |   |                         |                               |                                       | l l                              | ust Fund Con     | _          |           | Adde           | d to Fees        | ł        |
| 10.   |  | AND DIRECTOR                                | 10                      | T 44                          |                                       |                                  |                  |            |           |                |                  | ļ        |
| TITLE   | PD   | AND DIRECTOR                                | ·                       | 11.                           | TPD                                   | ADDITIONS                        | CHANGES 1        | O OFFI     | CERS AND  |                | -                | 4        |
| NAME  | DAVID DUNBAR   |   | Delete                  | TITLE                         |                                       | RK JO                            | Ces Oid          |            |           | Change         | Addition         | ı        |
| STREET ADDRESS  | 149 NEWLANDS RD.   |   |                         | NAME<br>OTROCE ADDRESS        | 1440                                  | W. 300                           | シャル              |            |           |                |                  | Ì        |
| CITY-ST-ZIP   | CATHCART GL  |   |                         | STREET ADDRESS CITY-ST-ZIP    | 1 -                                   |                                  |                  | . —        | 8410      | ,              |                  |          |
| TITLE   | VD   | - 4-1                                       | M                       |                               |                                       | a Lake                           | City             | ÚĪ.        | 8710      |                |                  | 4:       |
| NAME  | KRUMM, PETER   |   | Delete                  | TITLE                         | NO                                    | Star Man                         | 0100             |            |           | ☐ Change       | Addition         | 1        |
| STREET ADDRESS  | 440 W. 800 SOUTH   |   |                         | NAME<br>STREET ADDRESS        | K. C                                  | W. 800                           |                  | ī          |           |                |                  | ĺ        |
| CITY-ST-ZIP   | SALT LAKE CITY UT 84101  |   |                         | STREET ADDRESS CITY-ST-ZIP    | 140                                   | W. 800                           |                  | Ͱ<br>~     | On Z      |                |                  |          |
| THILE   | TS   | ·   |                         |                               | 1 SAL                                 | T LAKE                           | Coty,            | U          | 8-11      |                |                  | 4        |
| NAME  | CARDER, DENNIS   | <del></del>                                 | Delete                  | TITLE                         | -                                     |                                  | ·                | <i>a</i>   |           | ☐ Change       | Addition         |          |
|   | 440 W. 800 SOUTH   |   |                         | NAME                          |                                       |                                  |                  | -          |           |                | <del></del>      | - =      |
|   | SALT LAKE CITY UT 84101  |   |                         | STREET ADDRESS CITY-ST-ZIP    |                                       |                                  |                  |            |           |                |                  |          |
| TITLE   | VD   |   |                         |                               | -                                     |                                  |                  |            |           |                |                  | 1        |
|   | BEAL, LINDA  |   | ☐ Delete                | TITLE                         | i                                     |                                  |                  |            |           | ☐ Change       | Addition         | 1        |
|   | 440 WEST 800 SOUTH   |   |                         | NAME                          |                                       |                                  |                  |            |           |                |                  |          |
|   | SALT LAKE CITY UT 84101  |   |                         | STREET ADDRESS<br>CITY-ST-ZIP |                                       |                                  |                  |            |           |                |                  |          |
|   | 7  | ·   |                         |                               |                                       |                                  |                  |            |           |                |                  | 1        |
| TITLE TITLE   | To the second  | ı   | Delete                  | TITLE                         |                                       |                                  |                  |            |           | ☐ Change       | Addition         |          |
| NAME<br>STREET ADDRESS  | The second of the second   | <del></del> /                               |                         | NAME<br>STREET ADDRESS        | -                                     |                                  |                  |            |           |                |                  |          |
| CITY-ST-ZIP   |  | <b>D</b> E 1920                             |                         | STREET ADDRESS CITY-ST-ZIP    |                                       |                                  |                  |            |           |                |                  |          |
|   | <del></del>  |   |                         | 4                             | · <del> </del>                        |                                  |                  |            |           |                |                  | 1        |
| TITLE   |  |   | ☐ Delete                | TITLE                         |                                       |                                  |                  |            |           | ☐ Change       | Addition         | 1        |
| NAME<br>STREET ADDRESS  |  |   |                         | NAME                          | 1                                     |                                  |                  |            |           |                |                  | 1        |
| CITY-ST-ZIP   |  |   |                         | STREET ADDRESS                |                                       |                                  |                  |            |           |                |                  |          |
| 12   boroby o   | artification falls of the control of | 101 at 1 400                                |                         | CITY-ST-ZIP                   | <u> </u>                              | <del></del>                      | <u></u>          |            |           |                |                  | 1        |
|   |  |   |                         |                               |                                       |                                  |                  |            |           |                |                  |          |

I hereby certify that the information supplied with this filling 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 eport 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 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.

SIGNATURE:

EB2003 801-359-873,