2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

219 N. NEWNAN STREET

THE OLD MOROCCO TEMPLE JACKSONVILLE FL 32202

J57182 **DOCUMENT#**

1. Entity Name

Principal Place of Business

THE OLD MOROCCO TEMPLE

219 N.NEWNAN STREET

JACKSONVILLE FL 32202

ENVIRONMENTAL IMPROVEMENT SYSTEMS, INC.



FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90309 001 ***450.00

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2. Principal Pl			3. Mailing Address						B) 18418 1481 B) B()		1911 81911 1581		
3800 N. Atlantic Blvd. Suite, Apt. #, etc.			3800 N. Atlantic Blvd.										
Unit 4	#, etc.	Unit 4					CHECK HERE IF MAKING CHANGES						
Daytona Beach, FL				Daytona Beach, FL				4. F	59-277,00	00		plied For t ⁻ Applicable	
Zip 32118	Country Zip 32118				Cour	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
PENLAND, S. -PERR Y							Name Barbara Jean Penland Street Address (P.O. Box Number is Not Acceptable)						
- 219- NNEWNAN-STREET, -OLD-MOROCCO-TEMPLE							Unit_4						
JACKSON	VILLE FL-9	2 202				3800 N. Atlantic Blvd.							
						Daytona Beach, FL 32118							
-	-	submits this statement fo	r the purpo	ose of changing its	register	ed office or	registered	d age	ent, or both, in the State o	f Florida. I am	familiar with,	and accept	
-	ons of regist	ered agent.							M	arch 11	, 2003		
SIGNATURE _	Signature, typed	or printed name of registered agent	and title if appli	icable. (NOTE	: Registere	d Agent signatu	re required w	hen rei	instating)	DATE	,		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									9. Election Campaigr Trust Fund Contrib			0 May Be to Fees	
10.		OFFICERS AND	DIRECTOR	RS	11.			ADI	L DITIONS/CHANGES TO	OFFICERS ANI	DIRECTORS	3 IN 11	
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NAME		, S. PERRY			NAM	E	Pre	sid	lent, Barbara	Jean Per	nland, U	Jnit 4	
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indicated of the corp	on this repor coration or th	e information supplied with t or supplemental report is be receiver or trustee empo chagent with an address, v	true and a wered to e	accurate and that mexecute this report a	ıy signat	ture shall ha	ive the sa	ıme le	egal effect as if made und	ler oath; that I	am an officer	or director	

SIGNATURE: