2003 FOR PROFIT CORPORATION

FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90964 001 ***150.00

	BUSINESS	-
CUMENT #	K64323	

DOCUMENT #

NEW WAVE WATER TREATMENT SYSTEMS, INC.					04-07-2003 90964 001 ****150.00			
Principal Place of Business 41240 HIGHWAY 19 N. UMATILLA FL 32784 Mailing Address 41240 HIGHWAY 19 N. UMATILLA FL 32784 UMATILLA FL 32784								
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. F	59-2938533		pplied For ot Applicable	
Zip	Country	Zip	Coun	try	5. 0	Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Curren	Registered Agent			7. 1	lame and Address of New Registere	d Agent	
				Name		,		1
WASKOW, BEN L. 41240 HIGHWAY 19 N.			Street Address	s (P.O. B	P.O. Box Number is Not Acceptable)			
UMATILLA	FL 32784							
				City		F	Zip Cod	e
the obligate SIGNATURE F	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	t and title if applicable. (NOTE		ed Office of regist		ent, or both, in the State of Florida. Lar instating) DATE 9. Election Campaign Financing Trust Fund Contribution.	\$5.0	May Be to Fees
10.	OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	P WASKOW, BEN L. 41240 HIGHWAY 19 N. UMATILLA FL	☐ Delete		1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WASKOW, JULIE G. 41240 HIGHWAY 19 N. UMATILLA FL	☐ Delete					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete				· ·	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

Addition