FILED

04-21-2003 90446 039 ***150.00

Apr 21, 2003 8:00 am Secretary of State

TINNINAP

		☐ CHECK HERE IF M	IAKING	CHANGES	3						
<u> </u>	4. 1		Applied For Not Applicable								
,	5. (Certificate of Status Desired [8.75 Ac ee Requir							
	7. N	lame and Address of New Regis	tered A	gent							
Name											
Street Addre	ss (P.O. B	ox Number is Not Acceptable)									
-											
City	de										
office or real	istered ag	ent, or both, in the State of Florida	. I am fa	miliar with	and accept						
				•							
gent signature rec	luired when re	instating)	DATE								
		Election Campaign Financi Trust Fund Contribution.	ing		00 May Be d to Fees						
- шат	40	L DITIONS/CHANGES TO OFFICER	20 AND I	DECTOR	OC INI 14						
·	AU	DITIONS/CHANGES TO OFFICER	13 AND I								
				Change	☐ Addition						
ADDRESS											
r-ZIP											
				Change	☐ Addition						
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			City			F	EL Zip	Code
	e named entity submits this statement for the purptions of registered agent. Signature, typed or printed name of registered agent and title if app		gistered office or r			e State of Florida. Ta		with, and accept
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State	THO IE. NO	agisarao Agerii Sigisaanii	e laquisau wita i i es	9. Election (Campaign Financing d Contribution.	_ \$	5.00 May Be dded to Fees
10.	OFFICERS AND DIRECTO)RS	11.	ADI	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IF			TORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSSELL, WAYNE S 14794 SW 132ND AVE. MIAMI FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chai	nge 🗌 Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	_			☐ Char	nge 🔲 Addition

Country

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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

Mailing Address

MIAMI FL 33186

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

US

% WAYNE S. RUSSELL

14794 SW 132ND AVE

K66915

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

% WAYNE S. RUSSELL

14794 SW 132ND AVE.

Suite, Apt. #, etc.

RUSSELL, WAYNE S.

14794 SW 132 AVE. **MIAMI FL 33186**

City & State

Zip

MIAMI FL 33186

US

OZONE WATER SYSTEMS, INC.

Country

6. Name and Address of Current Registered Agent

1. Entity Name