2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L40075

CITY-ST-ZIP

SIGNATURE

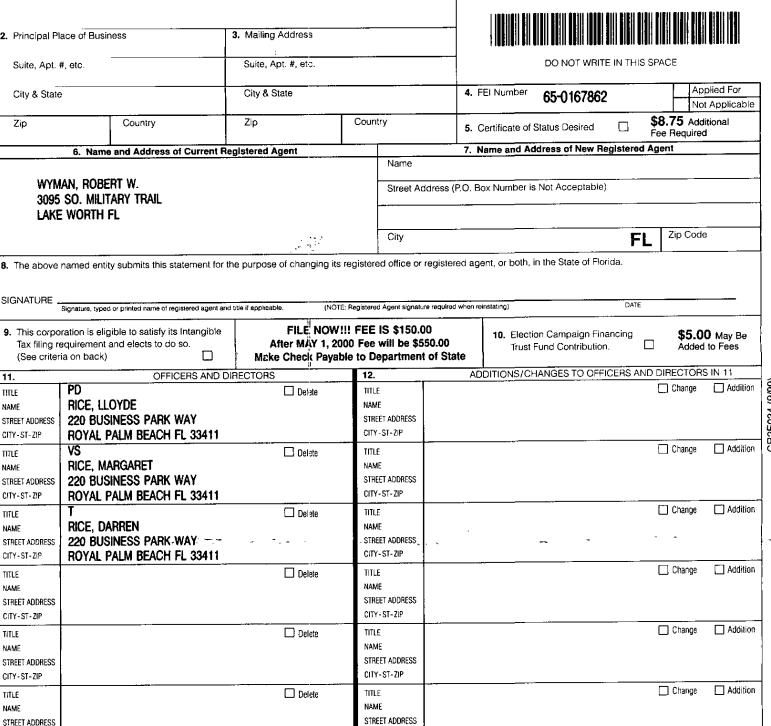
of the corporation or the recepter or trustee empowered to execut changed, or on an attachment with an address, with all other life.

AGUA SOFT WELL DRILLING, INC.

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						03-07-2000 90
		Mailing Address	.,			
		220 BUSINESS PARK WAY ROYAL PALM BEACH FL 33411-1706				
<u></u>						
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN
City & State		City & State			4. F	El Number 65-0167862
Zip	Country	Zip	Country		5. (Dertificate of Status Desired
6. Nam	Pagistered Agent Name Street Address		7. N	7. Name and Address of New Registers (P.O. Box Number is Not Acceptable)		
WYMAN, ROBI 3095 SO. MILI LAKE WORTH			dress (P.O. B			
	City					
8. The above named ent	ity submits this statement for th	e purpose of changing it	s register	ed office or r	egistered ag	ent, or both, in the State of Florida.
SIGNATURESignature, type	ed or printed name of registered agent and	title if applicable. (NC	TE: Registere	d Agent signature	required when re	oinstating)
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, 2000 Fee will be \$550. Make Check Payable to Department of		0.00	10. Election Campaign Financia Trust Fund Contribution.	
11.	OFFICERS AND DI	D DIRECTORS			AC	DITIONS/CHANGES TO OFFICER
TITLE PD NAME RICE, LI	OVDE	☐ Defete	TITL			
	SINESS PARK WAY			EET ADDRESS		

FILED Mar 07, 2000 8:00 am Secretary of State

0067 040 ***150.00



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13. I hereby certify that the information supplied with this filing does not poality 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 receipter or trustee empowered to executor his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SNING OFFICER OR DIRECTOR