2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L42663** FLORIDA BACKFLOW TESTING & ENGINEERING INC.

FILED May 08, 2000 8:00 am Secretary of State 05-08-2000 90102 014 ***150.00

| Principal Plac | e of Business | | Mailing Address | | | | | | | | | |
|---|---|--|--|--|--|---------------------|--|---------------------------------|--------------------------|---------------------------|--|--|
| 1632 NIEMEYER DR. PORT ST. LUCIE FL 34952 US 2. Principal Place of Business Suite, Apt. #, etc. City & State | | | 1632 NIEMEYER OR. 1991 S E GIFFEN AVE PORT ST. LUCIE FL 34952-5882 US 3. Mailing Address Suite, Apt. #, etc. City & State | | | | | A(BIJA 11018 BININ BI | 1 00 2112 B1024 A | 111 11 1 11 | 171 8 (817 8 17 | 'il 8/8/1/881 |
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| | | | | | | 4 . F | 4. FEI Number 65-0165656 Applied For Not Applied | | | | | pplied For ot Applicable |
| Zip Cauntry | | iuntry | Zip Cour | | ry | | | | | 3.75 Ad e Require | ditional | |
| | 6. Name and | Address of Current Re | gistered Agent | т — | | 7. N | lame and A | ddress of New | Registere | | | |
| | | | 3 | | Name | | | | | | | |
| CRAV | WFORD, LESTER | R J. III | | | Stroot Addre | see /DO B | ov Number is | - Not Appoint | | | | |
| 1991 | SE GIFFEN AV TST. LUCIE FL | E | | - | Sileet Addre | 500 (F.U. D | OX INDIRIDER IS | s Not Acceptat | ле <i>)</i> | | | |
| ı Oni | . O. LOOIL IL | vvL | | - | City | | | | | - | Zip Cod | le |
| | | | | | Olly | | | | t | L | | |
| SIGNATURE Signature, typed or printed name of registered agent 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. | | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550. | | A !- · | managed at the con- | | | | | | |
| 9. This corpo | oration is eligible to requirement and el | satisfy its Intangible | FILE NOW After MAY 1, 20 | '!!! FEE I 000 Fee v | S \$150.00 vill be \$550.0 | 00 | 10. Electi | on Campaign I Fund Contribut | _ | | \$5.0 | 00 May Be |
| 9. This corpo | oration is eligible to | o satisfy its Intangible ects to do so. | FILE NOW After MAY 1, 20 • Make Check Paya | !!! FEE I 000 Fee v ble to De | S \$150.00 vill be \$550.0 | 00 State | 10. Electi Trust | Fund Contribut | inancing | | · Adde | d to Fees |
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indicated on this report or supplemental report is true and date and that my signature shall have the same legal effect as it made under out; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CSTER J CRAWFORD IL