FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 16, 2002 8:00 am **Secretary of State** DOCUMENT # P00000023663 1. Entity Name 07-16-2002 90366 030 ***150.00 ENERGIZED WATER SOLUTIONS, INC. Principal Place of Business Mailing Address 4307-B ISLAND CIR. 4307-B ISLAND CIR. FT. MYERS FL 33919 FT. MYERS FL 33919 2. Principal Place of Business 3. Mailing Address 652/ Royal Moods DR Suite, Apt. #, etc. 521 ROYAL Woods DR. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0992106 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RVILLE SPAINHOUR, ARVILLE O Street Address (P.O. Box Number is Not Acceptable) 4307-B ISLAND CIR. FT. MYERS FL 33919 6521 ROYAL WOODS DR. S.W. FL Zip Code -6/15 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE ARVILLE 0. SPAINHOUR Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$3500 00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 6521 ROYALWOODS DR Change FT. My eRS, FL 33988-6195 TITLE ☐ Delete TITLE SPAINHOUR, ARVILLE O NAME NAME STREET ADDRESS 4307 -B ISLAND CIRCLE STREET ADDRESS CITY-ST-7iP FORT MYERS FL 33919 CITY-ST-ZIP 6521 Royal Wood DR FT. Myers FL. 33908-6195 TITLE ☐ Delete TITLE SPAINHOUR, CAROLYN M NAME NAME STREET ADDRESS 4307-B ISLAND CIRCLE STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33919 CITY-ST-7/P ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP~ CITY=ST-ZIP ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

9-10-02 239-481-0974



Attachment Document # POW 00023663

Odell Spainhour, President

July 10, 2002

Division of Corporations Uniform Business Report Filings P. O. Box 1500 Tallahassee, Florida 32302-1500

Dear Ms. Harris:

Due to the fact, I did not receive a form until last week, as per phone call to your Division, I am sending my check in the amount of \$150.00 for filing fee for the Year 2002. I can not pay for your error.

Since I am new at this, I did not know I should have called for a form. I will try To keep better informed for the next year.

Please correct the new address: 6521 Royal Woods Drive, S.W. Fort Myers, Florida 33908-6195

Thanking you, I am

Sincerely,

Carolyn M. Spainhour, V/T

Carolyn M. Spainhaw