

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91586 045 ***150.00

DOCUMENT # P00000035750

1. Entity Name
ENVIRONMENTAL WATER SOLUTIONS, INC
2866 SE GINZA ST. PORT ST. LUCIE, FL 34952

Principal Place of Business Mailing Address
FLORIDA **2866 SE GINZA ST.**
PORT ST. LUCIE, FL 34952

2. Principal Place of Business 3. Mailing Address
2866 SE GINZA ST **2866 SE GINZA ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Port St. Lucie, FL **Port St. Lucie, FL**
 Zip Country Zip Country
34952 USA **34952 USA**

4. FEI Number ☒ Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

A0070305

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GORDON E EVANS
1398 SILVER LAKE DRIVE
MELBOURNE, FL 32940

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
PRESIDENT
 NAME **GORDON E. EVANS**
 STREET ADDRESS **1398 SILVER LAKE DRIVE**
 CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE ☐ Delete
CD
 NAME **JOSEPH MILES ELDRIDGE**
 STREET ADDRESS **2866 SE GINZA ST**
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
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CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Joseph Miles Eldridge**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-01-01
 Date Daytime Phone #