2002 UNIFORM BUSINESS REPORT (心思報)

Jun 13, 2002 8:00 am Secretary of State DOCUMENT # P00000035750 05-22-2002 90251 045 ***150.00 1. Entity Name ENVIRONMENTAL WATER SOLUTIONS, INC. Principal Place of Business Mailing Address 2866 SE GINZÁ ST. 2866 SE GINZA ST. -PORT SAINT/LUCIE FL 34952 PORT SAINT LUCIE FL 34962 ш 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For APPLIED FOR *59-3435*. Not Applicable CountryZip چو _Country --5. Certificate of Status Desired \$8:75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EVANS, GORDON E 1398 SILVER-LAKE DRIVE MELBOURNE FL 32940 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be i- Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE (9/01) PRESIDENT EVANS, GORDON E WARD GRABOW. 65EGINZAST. NAME GRABOWSKI NAME 1398 SILVER LAKE DRIVE STREET ADDRESS STREET ADDRESS CR2E034 CITY-ST-ZIP MELBOURNE FL 32940 CITY-ST-ZIP ORT ST. LUCIC, FL 34952 TITI F ☐ Oelete Change ☐ Addition ELDRIDGE, JOSEHP MILES NAME NAME 2866 SE GINZA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34952 CITY-ST-ZIP TITLE TITLE. . Delete . Change . . . Addition - ! NAME .. HORTON, HELEN B .-NAME ___ STREET ADDRESS 2866 SE GINZA STREET STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34952 CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Celete TITI E ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS: CITY-ST-ZIP CITY-ST-ZIP 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 shell 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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