FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91202 013 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

20032188

DOCUMENT # P00000047348

1. Entity Name
WATERCUT TECHNIQUE, INC.

Principal Place of Business	Mailing Address
~~28000 SPANISH WELLS BLVD.~~ ~~BONITA SPRINGS, FL 34135~~	~~28000 SPANISH WELLS BLVD.~~ ~~BONITA SPRINGS, FL 34135~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
12219 SIESTA DR. Suite, Apt. #, etc.	25161 PENNYROYAL DR. Suite, Apt. #, etc.
City & State: FORT MYERS BEACH, FL	City & State: BONITA SPRINGS FL
Zip: 33931 Country: USA	Zip: 34134 Country: USA

4. FEI Number: 59-3649963 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~AMBURN, JAMES W~~ ~~28000 SPANISH WELLS BLVD.~~ ~~BONITA SPRINGS, FL 34135~~	Name: WEINKAUFF HEIKO Street Address (P.O. Box Number is Not Acceptable): 25161 PENNYROYAL DR. City: BONITA SPRINGS FL Zip Code: 34134

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: [signature] HEIKO WEINKAUFF 04/14/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMBUM, JAMES W 28000 SPANISH WELLS BLVD. BONITA SPRINGS, FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEINKAUFF HEIKO 25161 Pennyroyal Dr. Bonita Springs, FL 34134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTS VIVARELLI, SIOY 8352 UNTERE SCHAGRER STRASSE 5 RAETERSCHEN, SWITZERLAND,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTSD VIVARELLI SIOY 12219 SIESTA DR. FORT MYERS BEACH, FL 33931	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTS VIVARELLI RITA SIESTA DR. 12219 FORT MYERS BEACH 33931	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTSD VIVARELLI RITA 12219 SIESTA DR. FORT MYERS BEACH, FL 33931	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. VIVARELLI [signature] 04/14/03 2394333550
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN Date Daytime Phone #