2001 UNIFORM BUSINESS REPORT (UBR)

| 1. Entity Na | JMENT # P000000 ECOSYSTEMS INC. | | Secretary of State 05-14-2001 90110 048 ***150.00 | | | | | | |
|--|---|---|---|---|---|--|---|---|-----------------|
| Principal Pla 242 BALBOA POINCIANA FI | | Mailing Address 242 BALBOA DR. POINCIANA FL 34758 | | | | | | | |
| 3018 | Place of Business Nationa Way | | this Inc | | | | | | |
| Suite, Apt | t. #, etc. | | 17537 | | DO NOT WRI | TE IN THIS SP | ACE | | |
| City & Sta | | Octave FL | | 4. | FEI Number | | - I | opplied For lot Applicable | - |
| Zip 328 | 25 Country U.S.A | 32867 | Country | 5. | Certificate of Status Desired | | 8.75 Adi | |] |
| 248 | 6. Name and Address of Current TIME TONY BALBOADE NCIANA FL 84758 AN LAHO | 30 | -Chad ddress (P.O. | Name and Address of New F A Fischar Box Number is Not Acceptable to ma Way | | | io 32825 | 4 | |
| Tax filing | Signature, typed or printed name of registered agent a contain is eligible to satisfy its Intangible requirement and elects to do so, tria on back) | T | | 00 50.00 | | | | 00 May Be | |
| 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP | OFFICERS AND I MARTINEZ, TONY 242-BALBOA BR. 3016 Pe POINCIANA FL 34758 MAIL | Delete | 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | AC | DITIONS/CHANGES TO OFF | | IRECTOR: | S IN 11 | CR2E034 (10/00) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Co Proposetor Chad A Rischer 3018 Nortown Way | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | C | Change | ☐ Addition | 85 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Co Propieto Bind Assiro 3018 Notion Way October FL 328025 | Defete | 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 ADORESS CITY-ST-ZIP | · | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-21P | | □ Defete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | Addition | |
| 13. I hereby c indicated of the corp | certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empore or on an attachment with a reddener with the receiver. | his filling does not qualify for the rue and accurate and that my vered to execute this report as | e ∋xemption state signature shall ha required by Char | ed in Section 1 ive the same I oter 607, Florid | 119.07(3)(i), Florida Statutes, I egal effect as if made under or da Statutes; and that my name | further certify ath; that I am a appears in Bl | that the int an officer (bck 11 or | formation or director Block 12 if | ı |