2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State
01-16-2002 90203 002 ***150.00

050706 AV

DOCUMENT # P00000106254

1. Entity Name
H20 VENDING INC.

B0004950

Principal Place of Business	Mailing Address
779 PELICAN COURT MARCO ISLAND FL 34145	P.O. BOX 1450 SUITE I MARCO ISLAND FL 34145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
997 N. Collier Blvd.	PO Box 1458
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marco Island FL	City & State: Marco Island FL
Zip: 34145 Country:	Zip: 34146 Country:

4. FEI Number 65-1060432 ☐ 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
KOWALSKI, DAVID J 779 PELICAN COURT MARCO ISLAND FL 34145	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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D - Pres KOWALSKI, DAVID J 779 PELICAN COURT MARCO ISLAND FL 34145	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~West Berger~~	☐ Delete	VP Gregory R. West 134 Flamingo Circle Marco Island FL 34145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	I Patrick J Lane 1151 Vernon Dr Marco Island FL 34145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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: X SIGNATURE REQUIRED _____ X 1-7-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #