2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000042093

1. Entity Name

Principal Place of Business 512 WEST BRANNEN ROAD LAKELAND FL 33813

NATIONAL EROSION CONTROL, INC.



FILED Feb 14, 2003 8:00 am Secretary of State

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See Required 6. Name and Address of Current Registered Agent H. ADAM ARTH, JR. 4740 CLEVELAND HEIGHTS BOULEVARD LAKELAND FL 33813 City FL Zip Code 6. The above named andly submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accoptine obligations of registered agent. 6. The above named andly submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accoptine obligations of registered agent. 6. The above named andly submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accoptine obligations of registered agent. FLE NOW!!! FEL S \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICEIS AND DIRECTORS IN 11 WEITZ, JOHN M JR. POST OFFICE BOX 727 VILLA RICA GA 30180 Device WEITZ, JOHN M JR. POST OFFICE BOX 727 VILLA RICA GA 30180 Device THE Delete ITHE Delete ITHE Delete ITHE NAME SITERI AURRESS OTY-ST-2P ITHE NAME SITERI AURRESS OTY-ST-2P ITHE NAME SITERI AURRESS OTY-ST-2P THE NAME SITERI AURRESS OTY-ST	Lakelas	d Fl.						
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. BORDEN

2/12/03

863-648-551

Daytime Phone #