

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-14-2003 90233 014 ***150.00

DOCUMENT # P01000042093

1. Entity Name
NATIONAL EROSION CONTROL, INC.



Principal Place of Business
**512 WEST BRANNEN ROAD
LAKELAND FL 33813**

Mailing Address
**512 WEST BRANNEN ROAD
LAKELAND FL 33813**



National Erosion Control

2. Principal Place of Business

512 W. Brannen Rd

3. Mailing Address

512 W. Brannen Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lakeland FL

☐ CHECK HERE IF MAKING CHANGES

City & State

Lakeland, FL

City & State

4. FEI Number **59-3711670**

Applied For

Not Applicable

Zip

33813

Country

US

Zip

33813

Country

US

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

**H. ADAM AIRTH, JR.
4740 CLEVELAND HEIGHTS BOULEVARD
LAKELAND FL 33813**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	BARDEN, LOWELL N.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEITZ, JOHN M JR.		NAME	512 W. BRANNEN RD.	
STREET ADDRESS	POST OFFICE BOX 727		STREET ADDRESS	LAKELAND, FL 33813	
CITY-ST-ZIP	VILLA RICA GA 30180		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	GOLDEN, DAVID R.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	512 W. BRANNEN RD.	
STREET ADDRESS			STREET ADDRESS	LAKELAND, FL 33813	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Lowell N. Barden* **Lowell N. Barden** 2/12/03 803-648-2213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)