## **2003 FOR PROFIT CORPORATION**

### UNIFORM BUSINESS REPORT (UBR) P01000082039

**DOCUMENT#** 1. Entity Name

WATER AND EARTH, INC.



# **FILED** May 01, 2003 8:00 am Secretary of State

05-01-2003 90292 036 \*\*\*150.00

1						S.W.						
Principal Place of Business 634 GREENGLEN LANE PALM HARBOR FL 34684			Mailing Address 634 GREENGLEN LANE PALM HARBOR FL 34684									
2. Principal F	Place of Busin	ness	3. Mailing Address				-					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Stat	e		City & State				4. FEI Number 59-3739780 Applied For Not Applicable					
Zip Country			Zip Coui		Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered	d Agent			7. Name	and Address of	f New Regis	tered Aq	ent	-
HIZANDE					Na	ame						
LUZADDER, BARRY S 634 GREENGLEN LANE					St	Street Address (P.O. Box Number is Not Acceptable)						
PALM HA	RBOR FL 3	14684										
			-		Ci	ty	<del></del>			FL	Zip Cod	e
	named entitions of regist	y submits this statement for ered agent.	or the purpo	se of changing its r	registered of	fice or register	ed agent, o	r both, in the Sta	te of Florida.	l am far	niliar with,	and accept
SIGNATURE .	Signature typed	or printed name of registered agen	and title if appli	cable (NOTE:	Begistered Agen	It signature required	when rainstatin	(n)		DATE		
	<del></del>	· · · · · · · · · · · · · · · · · · ·	and doo a appar	(1012	. Hogistelet Agen		WHENTERNSLALAN			DAIL.		
3 After	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	of State				9	Election Camp Trust Fund Cor	-	ng 🗆		<b>0</b> May Be to Fees
10.		OFFICERS AND	DIRECTOR		11.		ADDITIO	ONS/CHANGES	TO OFFICER	S AND D	RECTORS	S IN 11
TITLE NAME STREET ADDRESS	634 GREE	R, BARRY S ENGLEN LN RBOR FL 34684	1,1	☐ Delete	TITLE NAME STREET ADD				· · · · · · · · · · · · · · · · · · ·		] Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			-	Delete	TITLE NAME STREET ADD	DRESS	<u> </u>			[	] Change	Addition .
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12. I hereby o	ertify that the	information supplied with	n this filing c	loes not qualify for t	the exemptio	in stated in Sec	ction 119.0	7(3)(i), Florida Sta	atutes, I furth	er certify	that the in	formation

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:

URE BEAK. L-ENDER GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZS APRIL ZEOS 727-781-2096

Daytime Phone #