

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90044 035 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000107124							
1. Entity Name ECOSYSTEMS INTERNATIONAL, INC.							
Principal Place of Business 1418 MEADOWS BLVD WESTON, FL 33327		Mailing Address 1418 MEADOWS BLVD WESTON, FL 33327					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-1151014			
Zip		Zip		Country			
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPIRK, PETER 1418 MEADOWS BLVD WESTON, FL 33327				7. Name and Address of New Registered Agent			
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 submitting)							
DATE _____							
FILE NOW WITH 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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	SPIRK, PETER	1418 MEADOWS BLVD WESTON, FL 33327				
	STD	SPIRK, ANN MARIE	1418 MEADOWS BLVD WESTON, FL 33327				
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: _____				4-18-03 954-389-8109			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

90100564



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)