FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

SIGNATURE:

Jul 24, 2003 8:00 am Secretary of State P02000017060 DOCUMENT # 1. Entity Name WATER WISE CONSERVATION PRODUCTS, INC. Principal Place of Business Mailing Address PO BOX 15725 PO BOX 15725 CLEARWATER FL 33766 **CLEARWATER FL 33766** 2. Principal Place of Business 3. Mailing Address 301 New Orleans Dr 9301 lew Orleans Dr Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES 4. FEI Number 3642694 City & State City & State Applied For Do.e. Ki wach o.e.Ricyaci Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WASIELEWSKI, ROBERT-(P.O. Box Number is Not Acceptable) 880 BELTED KINGFISHER DRIVE PALM HARBOR FL 34683 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. resul SIGNATURE Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President CR2E034 (4/03) JITLE ☐ Delete TITLE ☐ Change ☐ Addition wasielewszi WASIELEWSKI, ROBERT NAMÉ NAME 9301 New Orleans Dr 880 BELTED KINGFISHER DRIVE STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP weeki wache, 72 34613 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 a chapter 607.

7/21/03

Affachment#

Plan Personal; 90146176

PD 200017060

We did not receive the 2003 uniform Business Report prior notice.
We are asking to waive the 550.00 fee attached you wide find a check for 100 oo.

Thankyou

Robert Marchest tracks

(737) 771 + 1864
(359) 596-9130

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