

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27371

1. Entity Name

ECO SOIL SYSTEMS, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90150 032 ***550.00

Principal Place of Business

10740 THORN MINT RD
SAN DIEGO CA 92127
US

Mailing Address

10740 THORN MINT RD
SAN DIEGO CA 92127-2700
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0709577

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME CUDDYER, BRIAN
STREET ADDRESS 10740 THORN MINT RD
CITY-ST-ZIP SAN DIEGO CA 92127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ADAMS, WILLIAM B
STREET ADDRESS 10890 THORN MINT RD SUITE 200
CITY-ST-ZIP SAN DIEGO CA

TITLE ☒ Change ☐ Addition
NAME ADAMS, WILLIAM B
STREET ADDRESS 10740 THORN MINT RD
CITY-ST-ZIP SAN DIEGO CA 92127

TITLE ☒ Delete
NAME DOUG GLOFF
STREET ADDRESS 10890 THORN MINT RD SUITE 200
CITY-ST-ZIP SAN DIEGO CA 92127

TITLE ☐ Change ☒ Addition
NAME GELWIX, MAX D
STREET ADDRESS 10740 THORN MINT RD
CITY-ST-ZIP SAN DIEGO CA 92127

TITLE ☒ Delete
NAME BUCKNER, MARK D
STREET ADDRESS 10740 THORN MINT RD
CITY-ST-ZIP SAN DIEGO CA 92127

TITLE ☐ Change ☒ Addition
NAME SENTZ, DENNIS N
STREET ADDRESS 10740 THORN MINT RD
CITY-ST-ZIP SAN DIEGO CA 92127

TITLE ☐ Delete
NAME OSBORN, BART
STREET ADDRESS 360 ORONO ORCHARD RD
CITY-ST-ZIP WAYZATA MN

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME FORD, EDWARD C
STREET ADDRESS 10740 THORN MINT RD
CITY-ST-ZIP SAN DIEGO CA 92127

TITLE ☐ Change ☒ Addition
NAME POTTER, WILLIAM S
STREET ADDRESS 10740 THORN MINT RD
CITY-ST-ZIP SAN DIEGO CA 92127

13. 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 11 or Block 12 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

Date

Daytime Phone #

6/28/00

(858) 675-1660

CR 1002 (10/00)