

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

0086464 FP

05-05-2003 90097 026 \*\*\*150.00

**DOCUMENT # P93000022549**

1. Entity Name  
**ION EXCHANGE TECHNOLOGIES, INC.**



Principal Place of Business  
**1155 S CONGRESS AVE  
STE 7  
DELRAY BEACH FL 33483  
US**

Mailing Address  
**POST OFFICE BOX 2364  
#1402  
BOCA RATON FL 33427  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0405781**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PURI, JOE S  
2003 N OCEAN BLVD  
BOCA RATON FL 33431**

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

*Wayne Anderson VP*

**4/30/03**

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

(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  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BAKER, LINDA A.**  
STREET ADDRESS **221 NE 4TH AVE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **P** ☐ Delete  
NAME **KUMAR, J. P.**  
STREET ADDRESS **221 NE 4TH AVE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **D** ☐ Delete  
NAME **ANDERSON, GAIL**  
STREET ADDRESS **221 NE 4TH AVE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **VP** ☐ Delete  
NAME **WAYNE ANDERSON**  
STREET ADDRESS **5582 BERMUDA DUNES CIR.**  
CITY-ST-ZIP **LOKEWORTH, FL 33463**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Addition  
NAME **WAYNE ANDERSON**  
STREET ADDRESS **5582 BERMUDA DUNES CIR.**  
CITY-ST-ZIP **LOKEWORTH FL 33463**

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Wayne Anderson VP*

**4/30/03**

**561 265 2850**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)