

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080209

1. Entity Name

ENVIRONMENTAL AQUATIC CONTROL, INC.

LA

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90002 016 ***550.00

Principal Place of Business

3911 WATER ST
ELLENTON FL 34222

Mailing Address

3911 WATER ST
ELLENTON FL 34222

2. Principal Place of Business

429 10th Avenue West

3. Mailing Address

same

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

City & State

Palmetto, Florida

City & State

4. FEI Number 65-0460428

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

~~BLOWS, DOUGLAS E~~
~~3911 WATER ST~~
~~ELLENTON FL 34222~~

7. Name and Address of New Registered Agent

Name Gary J. Montin

Street Address (P.O. Box Number is Not Acceptable)

429 10th Avenue West

Suite B

City

Palmetto,

FL

Zip Code 34221

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]

Gary J. Montin/President-Director

Signature, typed or printed name of registered agent and title (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, 2001 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLOWS, DOUGLAS E	
STREET ADDRESS	3911 WATER ST	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary J. Montin	
STREET ADDRESS	429 10th Avenue West, Suite B	
CITY-ST-ZIP	Palmetto, Florida 34221	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael A.G. Burton	
STREET ADDRESS	429 10th Avenue West, Suite B	
CITY-ST-ZIP	Palmetto, Florida 34221	
TITLE	Secretary/Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anne E. Montin	
STREET ADDRESS	429 10th Avenue West, Suite B	
CITY-ST-ZIP	Palmetto, Florida 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* Gary J. Montin, President/Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)