

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91169 001 ***300.00

DOCUMENT # P95000017964

1. Entity Name
ECOLOGICAL TECHNOLOGIES INC.

Principal Place of Business

**1902 B 7TH CT. N
 LAKE WORTH FL 33461
 US**

Mailing Address

**1902 B 7TH CT. N
 LAKE WORTH FL 33461
 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

65-0649407

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

**PAUL, DENNIS
 224 NEWLAKE DR.
 BOYNTON BEACH FL 33424**

Name

PAUL, DENNIS

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

572 S. COUNTRY CLUB DRIVE

City

ATLANTIS

FL

Zip Code

33462

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, 2002 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 **DP**
 STREET ADDRESS **PAUL, DENNIS**
 CITY-ST-ZIP **224 NEWLAKE DR.
 BOYNTON BEACH FL 33426**

TITLE ☒ Change ☐ Addition
 NAME **DP**
 STREET ADDRESS **PAUL, DENNIS**
 CITY-ST-ZIP **572 S. COUNTRY CLUB DRIVE
 ATLANTIS, FL 33462**

TITLE ☐ Delete
 NAME **DST**
 STREET ADDRESS **PAUL, DEBRA C**
 CITY-ST-ZIP **224 NEWLAKE DR.
 BOYNTON BEACH FL 33426**

TITLE ☐ Change ☐ Addition
 NAME **DST**
 STREET ADDRESS **PAUL, DEBRA C**
 CITY-ST-ZIP **572 S. COUNTRY CLUB DRIVE
 ATLANTIS, FL 33462**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **IKUTA, MASAYOSHI**
 CITY-ST-ZIP **134 PROSPECT AVE
 HAWORTH NJ 07641**

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **MARSHALL, JEFF**
 CITY-ST-ZIP **116 518 de MAI, CANADA
 BOISEBRIAND, QC J7G1R9**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

DENNIS PAUL 4/12/02 561-585-8196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)