

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017964

1. Entity Name
ECOLOGICAL TECHNOLOGIES INC.



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

05-05-2003 91899 022 ***150.00

0687409 FP

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

572 S. Countryclub DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

ATLANTIS, FL

Zip
33462

Country

USA

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
572 S COUNTRY CLUB DRIVE
ATLANTIS FL 33462

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME PAUL, DENNIS
STREET ADDRESS 572 S COUNTRY CLUB DRIVE
CITY-ST-ZIP ATLANTIS FL 33462 ☐ Delete

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

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

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

TITLE D
NAME MARSHALL, JEFF
STREET ADDRESS 116 ILE DE MAI
CITY-ST-ZIP BOISBRIAND QC CANADA 57-G1R9 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2003 561-649-8157
Date Daytime Phone #

CR2E034 (10/02)