2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9500064087 1. Entity Name ECOVENTURE TIDES, INC.						FILED 03 MAY 13 PM 2				
Principal Plac 601 BAYSHOR SUITE 960	ce of Business RE BLVD.	Mailing Address 601 BAYSHORE BLVD. SUITE 960	BAYSHORE BLVD.			SECRETATIV DE ST TALLAMASSET, FLO	TATE PRIDA			
TAMPA FL 33606 TAMPA FL 33606										
Principal Place of Business Address Mailing Address						((08/1880) E/O (0/0/ 0/1/) (0/1/)	66 011 60 010 6 1111 ((1861 - 1866 - 18	KIII 1061 1001	
Suite, Apt.	·	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-3337573			No	plied For t Applicable	
Zìp	Country	Zip	Coun	try	5.	. Certificate of Status Desired		. 75 Add Required		
	6. Name and Address of Current I	Registered Agent			7.	Name and Address of New Re				
WOLFE, RANDOLPH J 100 NORTH STE 2700 Name Wolfe Street Add 100 1 Suite					ss (P.O. orth	Randolph J. s (P.O. Box Number is Not Acceptable) rth Tampa Street				
TAMPA FL 33602				Tampa	2.0	7,	FL :	7 3685		
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 Randolph J. Wolfe 5/06/2003 Signature typed or printed have of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00									0 May Be	
	k Payable to Florida Department of									
	OFFICERS AND I DELSCHLAEGER, EDWARD R 601 BAYSHORE BLVD., SUITE 96	☐ Delete		E ET ADDRESS	A	DDDD1974 05/22/0301068] Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33606 V HEINBERG, C J 601 BAYSHORE BLVD, STE 960 TAMPA FL 33606	☐ Delete	TITLE NAM STRE		<u>, </u>			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIRKBRIDE, B K 601 BAYSHORE BLVD, STE 960 TAMPA FL 33606	☐ Delete	1	I				Change	Addition	
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indicated of the cor	certify that the information supplied with I on this report or supplemental report is rporation or the receiver or trustee empo , or on an attachment with address, w	trae and accurate and that me wered to execute this report a	the exer ny signat as requir	mption stated in ure shall have t ed by Chapter	n Section the same 607, Flo	n 119.07(3)(i), Florida Statutes. He e legal effect as if made under oa orida Statutes; and that my name	further certify to th; that I am a appears in Blo	hat the in n officer ock 10 or	formation or director Block 11 if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR