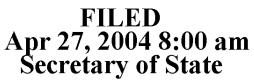
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032458



1. Entity Name A IM ERICAN WATER PROOFING OF NOR THAT. FLORIDA INC.					04-27-2004 90065 020 ***150.00			
DO NOT WRITE IN THIS SPACE					94067674			
	lace of Business WIZIGHT AUE	3. Mailing Address 1841 いれらり	17 AUC	··-				
Suite, Apt.		Suite, Apt. #, etc.	TO AUC		DO NOT WRITE IN THIS	SPACE		
City & State	NOULLE, FLA.	City & State	LLE . F.L	A , 4.	FEI Number 59 - '3'38 4060	F	Applied For Not Applicable	
^{Zo} 3550	T - 7	32207	Country		Certificate of Status Desired	\$8.75 Fee Rec	Additional	
			Name		Name and Address of Current Register	ed Agent		
DO NOT WRITE			Street Ac	Name (TC 3E2T HERVISON Street Address (P.O. Box. Number is Not Acceptable) 12504 ASH HARBOR SIZ				
	IN THIS SP		125	<u> </u>	ASH HAZBOR SR	, <u></u>		
			City	たらのから	JILLE FI	L Zig	Code クタウイ	
		the purpose of changing its re			agent, or both, in the State of Florida. I am	familiar w	vith, and accept	
the obligat	ions of registered agent.							
SIGNATURE .	Signal vs. typed of printed name of registered agent a	ROBERT D	HERW!	te recrited when	PIZESIDETUT peinstating) DATE	···•		
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State			Election Campaign Financing Trust Fund Contribution.		5.00 May Be dded to Fees	
10.	OFFICERS AND I	CESCA-6-4-CC-6-04FT-CC-6						
TITLE NAME STREET ADDRESS	PRESIDENT PORETET HERNDO 12504 ASH HARL	MI	TITLE					
CITY-ST-ZIP			NAME STREET ADDRESS	A.				
	SACKSOUDILLE !		STREET ADDRESS CITY-ST-ZIP	A				
TITLE NAME STREET ADDRESS	SACKSONDILLE IN BORFET HERIND	FLA 32224 BMU	STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP	SACKSONDILLE IN U.P ROBERT HERNED SAME AS ABOU	FLA 32224 BMU	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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Indicated on this report or supplied with this niming does not quality 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)