2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 02, 2001 8:00 am Secretary of State DOCUMENT # P96000045912 REPLACEMENT CARTRIDGE FILTERS CORPORATION 02-02-2001 90314 025 ***150.00 Principal Place of Business Mailing Address 4015 57TH STREET EAST 4015 57TH STREET EAST **BRADENTON FL 34208** BRADENTON FL 34208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0673510 Not Applicable Zip* Country Country.≈ · ~--~~ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUSCHER, ARTHUR M Street Address (P.O. Box Number is Not Acceptable) 4015 57TH STREET EAST BRADENTON FL 34208 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD ☐ Delete ☐ Change ☐ Addition TITLE TITLE RUSCHER, ARTHUR M NAME NAME STREET ADDRESS **4015 57TH STREET EAST** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34208** ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME RUSCHER, CHARLOTTE N NAME STREET ADDRESS 4015 57TH STREET EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34208 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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.

OFFICER OR DIRECTOR

Daytime Phone #