

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052471

1. Entity Name

EARTH CARE SYSTEMS INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90088 008 ***150.00

Principal Place of Business

Mailing Address

1135 LAKE SHORE DR
 STE 202
 LAKE PARK FL 33403
 US

1135 LAKESHORE DR
 STE 202
 LAKE PARK FL 33408-4030
 US

2. Principal Place of Business

3. Mailing Address

957 Lighthouse Dr
 Suite, Apt. #, etc.

957 Lighthouse Dr
 Suite, Apt. #, etc.

City & State

City & State

N. Palm Beach, FL

N. Palm Beach, FL

Zip

Country

33408

USA

Zip

Country

33408

USA

4. FEI Number

65-0681641

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

KLOHN, VIRGINIA
 1135 LAKESHORE DR
 STE 202
 LAKE PARK FL 33403

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.

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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 KLOHN, VIRGINIA
 1135 LAKE SHORE DR 202
 LAKE PARK FL 33403

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 Virginia Kohn, Virginia
 957 Lighthouse Dr.
 N. Palm Beach, FL 33408

☒ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)