

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100793

1. Entity Name
EARTH TECHNOLOGIES, INC.

Principal Place of Business
3146 MIRO DRIVE NORTH
PALM BEACH GARDENS FL 33410

Mailing Address
3146 MIRO DRIVE NORTH
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

MINTZ, DEL
3146 MIRO DRIVE N
PALM BEACH GARDENS FL 33410

Name
MINTZ, BEATRICE P.
Street Address (P.O. Box Number is Not Acceptable)
3146 MIRO DRIVE N

City
PALM BEACH GARDENS

FL

Zip Code
33410

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
MINTZ, DEL
STREET ADDRESS
3146 MIRO DRIVE N
CITY-ST-ZIP
PALM BEACH GARDENS FL 33410 ☒ Delete

TITLE
NAME
D
MINTZ, BEATRICE P.
STREET ADDRESS
3146 MIRO DRIVE N
CITY-ST-ZIP
PALM BEACH GARDENS, FL 33410 ☐ Change ☒ Addition

TITLE
NAME
D
MINTZ, GARY L
STREET ADDRESS
30980 SHAKER BLVD
CITY-ST-ZIP
PEPPER PIKE OH 44124 ☐ Delete

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

TITLE
NAME
D
MINTZ, MARK
STREET ADDRESS
25017 WIMBLEDON RD
CITY-ST-ZIP
BEACHWOOD OH 44122 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2002

Date

Daytime Phone #

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-13-2002 90142 010 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)