2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000100793 **DOCUMENT #**

1. Entity Name

EARTH TECHNOLOGIES, INC.

Principal Place of Business 3146 MIRO DRIVE NORTH PALM BEACH GARDENS FL 33410 2. Principal Place of Business		Mailing Address 3146 MIRO DRIVE NORTH PALM BEACH GARDENS FL 33410 3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number NOT APPLICABLE Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	. 1	7. Name and Address of New Registered Agent
-			Nar	e .
MINTZ, BEATRICE P		Stre	Street Address (P.O. Box Number is Not Acceptable)	
3146 MIRO DRIVE N PALM BEACH GARDENS FL 33410				
	CAMPLITO I L 307 IV		City	□ Zip Code
	med entity submits this statement for of registered agent.	r the purpose of changir	ng its registered offic	e or registered agent, or both, in the State of Florida. I am familiar with, and accept
_	.60	Ren	DICE P	MINTZ CEO. 4-10-03.
SIGNATURE Signa	ature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered Agent	gnature required when reinstating) DATE
After Ma	NOW!!! FEE IS \$150.00 ay 1, 2003 Fee will be \$550.00 lyable to Florida Department o	f State		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
STREET ADDRESS 314	ntz, Beatrice P 46 Miro Drive N LM Beach Gardens FL 3341	□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	☐ Change ☐ Addition
STREET ADDRESS 309	ntz, gary l 980 Shaker Blyd Pper Pike oh 44124	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	Change Addition
NAME STREET ADDRESS 250	ntz, mark D17 Wimbledon RD Achwood oh 44122	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	Change Addition
TITLE NAME		□ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRI	ss

12. I hereby certify that the information supplied with this filling 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 repeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Apr 21, 2003 8:00 am Secretary of State

FILED

04-21-2003 91188 011 ***150.00