FILED May 06, 2002 8:00 am Secretary of State **2002 UNIFORM BUSINESS REPORT (UBR)** P97000024506 DOCUMENT # 1. Entity Name See ... 05-06-2002 90278 034 ***150.00 TECHNO-AQUA, INC. Principal Place of Business Mailing Address 120 SOUTH ATLANTIC DRIVE EAST 120 SOUTH ATLANTIC DRIVE EAST -> Sand on the Broken both As given **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0745541 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANCOIS, MARIE J 120 SOUTH ATLANTIC DRIVE EAST **BOYNTON BEACH FL 33435** 8. The above named entity submits this statement for the purpose of changing its registered office or register FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 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. 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. TITLE ☐ Delete TITLE FRANCIOS, MARIE J NAME NAME 120 SOUTH ATLANTIC DRIVE EAST STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE FRANCIOS, FENOL NAME NAME 120 SOUTH ATLANTIC DRIVE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33435** CITY-ST-ZIP J<u>ITL</u>E Delete -TITLE, NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not gualify 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 of truetee 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 attachme mpowered.

SIGNATURE:

TYPED OR PRINTED NAME OF