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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000076139

1. Corporation Name

H2O CUSTOMIZED WATER SYSTEMS INC.

Principal Place of Business

2722 N.E. 14TH STREET
OCALA FL 34470
US

Mailing Address

2722 N.E. 14TH STREET
OCALA FL 34470
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

59-3465340

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip Country

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

PERSAUD, RAJENDRA
6184 NE 66 ST
SILVER SPRINGS FL 34488

New
Address
2722 NE 14th St.
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
 NAME PERSAUD, RAJENDRA
 STREET ADDRESS 6184 N.E. 66TH STREET
 CITY-ST-ZIP SILVER SPRINGS FL 34488

TITLE VP ☒ DELETE
 NAME PERSAUD, NAZEELA
 STREET ADDRESS 6184 N.E. 66TH STREET
 CITY-ST-ZIP SILVER SPRINGS FL 34488

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
 1.2 NAME PERSAUD, RAJENDRA
 1.3 STREET ADDRESS 2722 NE 14th St
 1.4 CITY-ST-ZIP Ocala, FL 34470

2.1 TITLE VP ☒ Change ☐ Addition
 2.2 NAME PERSAUD, NAZEELA
 2.3 STREET ADDRESS 2722 NE 14th St
 2.4 CITY-ST-ZIP Ocala, FL 34470

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rajendra Persaud
 RAJENDRA PERSAUD

RAJENDRA PERSAUD

5/4/99

Date

Daytime Phone #

(352) 622-8200

CR25034 (1/1/98)