2003 FOR PROFIT CORPORATION UNIFORM-BUSINESS-REPORT-(UBR

DOCUMENT

Principal Place of Business

676 W PROSPECT ROAD

Suite, Apt. #, etc.

City & State

Zip

FT LAUDERDALE FL 33309

2. Principal Place of Business

P97000099461

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

676 W PROSPECT ROAD FT LAUDERDALE FL 33309

1. Entity Name

BOCA ELECTROLYSIS, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90293 023 ***150.00

TT010300

7. Name and Address of New Registered Agent

CHECK HERE IF MAKING CHA	NGES		
FEI Number OF 0004070	Applied For		
65-0621870	Not Applicable		
\$8.7	75 Additional		

DATE

SHERMAN, CYNTHIA 676 W PROSPECT ROAD		Street Address (P.O. Box Number is Not Acceptable)			
FT LAUDERDALE FL 33309					
	·	City	FL	Zip Code	

Name

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

4.

5. Certificate of Status Desired

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Fee Required

10	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	PD Delete SHERMAN, CYNTHIA 676 W. PROSPECT RD. FT. LAUDERDALE FL 33309	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	
NAME	☐ 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 NAME 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	

12. 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 10 or Block 11 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

4-26-03 561-372-1249
Date Daytime Phone #

CR2E034 (10/02)