## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000102649

1. Entity Name

AQUA SAFE TECHNOLOGIES, INC.

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FILED
Mar 13, 2003 8:00 am 
Secretary of State

03-13-2003 90063 038 \*\*\*150.00

Principal Plac	ce of Business	Mailing Address				
230A S CYPRESS ROAD		230A S CYPRESS ROAD			-	
SUITE A		SUITE A				
POMPANO BEACH FL 33060		POMPANO BEACH FL 33060		1 (BE(  B)) (10 14)() (04)() 44)() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(() 04(()) 04(())()(() 04(())(() 04(())(() 04(())(() 04(())(()()()(()()(	ACID HEIS SHOT SHEET HER LESS	
		US	~~			
		3. Mailing Address				
S. I		o. Mailing Address				
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.		<del>_</del>		
				☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number or ozonog Applied For		
				65-0798822	Not Applicable	
Zip	Country	Zip	Country	E Cortificate of Status Desired	\$8.75 Additional	
				5. Certificate of Status Desired	Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
			Name	Name		
SMITH, KIMBERLY			Stroot Address	on (DO Cov. No. or have in Allet A teles)		
230A S C	YPRESS ROAD	· · · · · · · · · · · · · · · · · · ·		ss (P.O. Box Number is Not Acceptable)	<b>.</b> .	
SUITE A						
POMPANO BEACH FL 33060			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TOMITANO DEACTITE 35000			City	FL	Zip Code	
8. The above	named entity submits this statement for t	ne purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am	familiar with, and accept	
the obligat	tions of registered agent.				·	
SIGNATURE _/						
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent signature requ	ired when reinstating) DATE	<del></del>	
<u> </u>	ILE NOW!!! FEE IS \$150.00				·	
After May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing	\$5.00 мау Ве	
Make Check Payable to Florida Department of State		tate		Trust Fund Contribution.	Added to Fees	
10. OFFICERS AND DIRECTORS			T 44	ADDITIONAL CONTRACTOR OF CONTR		
	P OFFICERS AND DI		11.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME (I)	SMITH, KIMBERLY M	☐ Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS			NAME			
CITY-ST-ZIP	6057C NW 31 AVE.   FT LAUDERDALE FL 33309-3111		STREET ADDRESS		;	
3	FT LAUDERDALE FE 33309-3111		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME.	<u>{</u>		NAME			
STREET ADDRESS			STREET ADDRESS		}	
CITY-ST-ZIP			CITY-ST-ZIP		ļ	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME		]	
STREET ADDRESS			STREET ADDRESS		}	
CITY-ST-ZIP			CITY-ST-ZIP		[	
TITLE		☐ Delete	TITLE	- 37	☐ Change ☐ Addition	
NAME			NAME	وجاء بمندا المهام ويعف ليواؤن الهيفة بوليا الالم	~ • · · ·	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	-	☐ Delete	TITLE		Change C Addition	
NAME		□ Delete	NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MEAND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3.11.03

Daytime Phone #

☐ Change

☐ Addition

CHZEU34 (10/02)