2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR **DOCUMENT #** P97000103098 1. Entity Name ENZYMATIC ODOR SOLUTIONS, INC.



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

01-13-2003 90650 043 ***150.00

Principal Place of Business 1811 BAYBERRY DRIVE PEMBROKE PINES FL 33024		Mailing Address P O BOX 840908 PEMBROKE PINES FL 33024							
					I I I I I I I I I I I I I I I I I I I				į
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF	MAKING	CHANGE			
City & S	tate	City & State			4 FELNumber				
Zip	Constant				65-0798093			Applied For Not Applicat	nle
210	Country	Zip	Country		5. Certificate of Status Desired	\$	8.75 A	dditional	//0
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Regi	— F	ee Requi	ired	_
NICNICK, DAVID S			Name			-	Jent		┥
	UTH FLAMINGO ROAD #239		Street	Address (P	P.O. Box Number is Not Acceptable)				\dashv
	R CITY FL 33330								\dashv
			City			FL	Zip Co	de	\dashv
8. The above	ve named entity submits this statement for ations of registered agent.	the purpose of changing it	s registered office	or registere	d agent, or both, in the State of Florida	l am fan	niliar with	and accor	4
1						n curricu	mai wi	, апо ассер	۱
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NO	TE: Registered Agent sign						-
	FILE NOW!!! FEE IS \$150.00			ature required w	vhen reinstating)	DATE			
Aft	er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department of	State			Election Campaign Financ Trust Fund Contribution.	ing 🔲		00 May Be	
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANGES TO OFFICER	OC AND D	DEOTO		
TITLE NAME	EVP	☐ Delete	TITLE	T	NO OFFICER		Change	RS IN 11	\exists
STREET ADDRESS	DURHAM, CHARLES 1621 POWDER RIDGE DRIVE		NAME STREET ADDRESS			_	Jge		
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP						
TITLE	P	□ Delete	TITLE	 -] Change		- J j
NAME STREET ADDRESS	DURHAM, J M 1811 BAYBERRY DRIVE		NAME				1 Change	☐ Addition	18
CITY-ST-ZIP	PEMBROKE PINES FL 33024		STREET ADDRESS CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE	<u> </u>					-
NAME STREET ADDRESS	IWELLMAKER, J L	· · · · · · · · · · · · · · · · · · ·	NAME]			Change	☐ Addition	
CITY-ST-ZIP	BLACKBOURN & ROCK STREETS HAWKINS TX 75765		STREET ADDRESS CITY-ST-ZIP		•				
TITLE			TITLE	 					
NAME STREET ADDRESS		23 501010	NAME	1			Change	☐ Addition	1
CITY-ST-ZIP			STREET ADDRESS						
TITLE		☐ Delete	CITY-ST-ZIP						
NAME		Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS						
TITLE			CITY-ST-ZIP	-					
NAME		☐ Delete	TITLE NAME		<u> </u>		Change	Addition	1
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						1

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 the corporation 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

SIGNATURE:

Daytime Phone #