## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 12, 2001 08:00 AM P98000007927 DOCUMENT # 1. Entity Name **Secretary of State** WATER TREATMENT WAREHOUSE, INC. Principal Place of Business Mailing Address 726 COMMERCE DRIVE 726 COMMERCE DRIVE **SUITE # 107 SUITE # 107** VENICE FL VENICE FL 34292 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0807512 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILBERSTEIN DAVID C/O KIRK PINKERTON Street Address (P.O. Box Number is Not Acceptable) 720 S. ORANGE AVENUE SARASOTA FL34236 City Zip Code 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. 04/12/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DVS TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition MAME VALLEATI DANIEL NAME 726 COMMERCE DR., #107 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP DPT ☐ Delete TITLE X Change NAME BLOKZIJ INGRID NAME BLOKZIJL INGRID STREET ADDRESS 726 COMMERCE DR., #107 STREET ADDRESS 726 COMMERCE DR., #107 CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP VENICE FL34292 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

04/12/2001

Daytime Phone #

Date

SIGNATURE: \_\_INGRID Y. BLOKZIJL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR