

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90464 027 ***150.00

DOCUMENT # P98000043369

1. Entity Name

ABSOLUTE WATER CARE, INC.

Principal Place of Business

22 SOUTH VENICE BLVD
 VENICE FL 34293
 US

Mailing Address

22 SOUTH VENICE BLVD
 VENICE FL 34293
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0835686**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIBSON, KENNETH P
1555 QUEEN ROAD
VENICE FL 34293

Name

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

City

FL

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.

SIGNATURE

Kenneth P Gibson

Kenneth P Gibson

4-25-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | GIBSON, KENA D | |
| STREET ADDRESS | 1555 QUEEN RD | |
| CITY-ST-ZIP | VENICE FL 34293 | |
| TITLE | TS | <input checked="" type="checkbox"/> Delete |
| NAME | GIBSON, KARA D | |
| STREET ADDRESS | 1555 QUEEN RD | |
| CITY-ST-ZIP | VENICE FL 34293 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------|--|
| TITLE | Kenneth P. Gibson | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1555 Queen Rd. | President |
| STREET ADDRESS | Venice FL 34293 | |
| CITY-ST-ZIP | | |
| TITLE | Kena D. Gibson | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1555 Queen Rd. | T/S |
| STREET ADDRESS | Venice, FL 34293 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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.

SIGNATURE:

Kenneth P Gibson *President*

4-25-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)