

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078806

1. Entity Name

EARTH PRESERVER CHARTER CO.

Principal Place of Business

3209 EAGLE AVE
KEY WEST FL 33040
US

Mailing Address

3209 EAGLE AVE
KEY WEST FL 33040
US

2. Principal Place of Business

1724 Bahama Drive

Suite, Apt. #, etc.

3. Mailing Address

1724 Bahama Drive

Suite, Apt. #, etc.

City & State

Key West Florida

City & State

Key West Florida

Zip 33040

-33040

Country

U.S.A.

Zip 33040

Country

-USA

4. FEI Number

65-0863464

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURRIS, MARK A
3209 EAGLE AVE
KEY WEST FL 33040

Name

Burris Mark A.

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

1724 BAHAMA Drive

City

Key West

FL

Zip Code
33040

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

Mark A. Burris

04/17/01

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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (10/00)

| | | | | | |
|--|---|---------------------------------|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD BURRIS, MARK A 3209 EAGLE AVE KEY WEST FL 33040 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD Burris Mark A 1724 Bahama Drive Key West FL 33040 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Address Change Only) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BURRIS, LYNN E 3209 EAGLE AVE KEY WEST FL 33040 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Burris Lynn E 1724 Bahama Drive Key West FL 33040 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Address Change Only) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  Mark A. Burris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/01

(305)395-1999

Date

Daytime Phone #