04-28-2003 90162 031 ***150.00

2003	FOR	PROFIT	CORPO	RATION
UNIFO	RM B	USINES	S REPO	RT (UBR)

P98000094080 DOCUMENT #

Country

6. Name and Address of Current Registered Agent

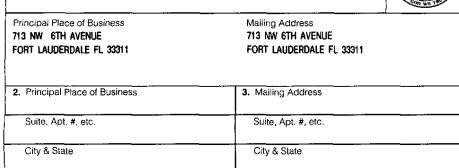
Signature, typed or printed name of registered agent and title if applicable.

OFFICEDS AND DIRECTORS

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SIGNATURE

1. Entity Name WATER CONTROL SYSTEMS, INC. Mailing Address



Zip

	4. FEI Number CE 0074CE0	4. FEI Number OF 0074CEO		Applied For
	65-0874652		- [Not Applicable
	5. Certificate of Status Desired]	\$8.75 Additional Fee Required	
	7. Name and Address of New Regist	ere	d Agent	
Name	*			
Street Add	ress (P.O. Box Number is Not Acceptable)			

AMERII AWYER

			<u> </u>
8.	The above named entity submits this statement for the purpose of changing its registere	ed office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.		<u>.</u>

City

(NOTE: Registered Agent signature required when reinstating)

Country

- 7	ËĮLE NOW!!!	FEE IS \$150.00	
	After May 1, 2003	Fee will be \$550.00	
Make (Check Payable to I	Florida Department of	f State

9.	Election Campaign Financing		
Trust Fund Contribution.			

ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00	May Be
Added to	Fees

Zip Code

10.	OFFICENS AND DIRECTORS		TI: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI			
STREET ADDRESS	P Delete FREEMAN, ROGER 713 NW 6TH AVE FORT LAUDERDALE FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
STREET ADDRESS	VP FREEMAN, VIENNA 713 NW 6TH AVE FORT LAUDERDALE FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	يەخىيە ، كەستىرىنى سىمىدى ، يەستىرىنىنى ، كەستىرىنىنى ، كەستىرىنىنى ، كەستىرىنىنى ، كەستىرىنىنى ، كەستىرىنىنى	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		

12. Thereby 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.

SIGNATURE: