

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90041 008 ***150.00

DOCUMENT # P98000100967

1. Entity Name
WATER IMPROVEMENT TECHNOLOGIES, INC.



Principal Place of Business
1001 CAMPHOR LANE
DELAND FL 32720

Mailing Address
1001 CAMPHOR LANE
DELAND FL 32720

2. Principal Place of Business

29844 S.R. 46

3. Mailing Address

PO BOX 953455

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEALAND FL

City & State

LK. MARY FL

Zip

32776

Country

USA

Zip

32776

Country

SEALAND

4. FEI Number

59-3386779

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FREY, ROBERT H
1001 CAMPHOR LANE
DELAND FL 32720

7. Name and Address of New Registered Agent

Name: Robert H. Frey
Street Address (P.O. Box Number is Not Acceptable):
29844 STATE ROAD 46
City: SEALAND FL Zip Code: 32776

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-14-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing,
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: FREY, ROBERT H
STREET ADDRESS: 1001 CAMPHOR LANE
CITY-ST-ZIP: DELAND FL 32720

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete

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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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-14-03

407-920-7432

Date

Daytime Phone #

CR2E034 (4/03)