

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91905 005 ***150.00

DOCUMENT # 999000004805

1. Entity Name
Water Equipment Technologies of Central Florida Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>401 Center Pointe Circle</u> Suite, Apt. #, etc. <u>Suite # 1533</u>	3. Mailing Address <u>205 Tranquility Cove</u> Suite, Apt. #, etc.
City & State <u>Altamonte Springs, FL</u>	City & State <u>Altamonte Springs, FL</u>
Zip <u>32701</u> Country <u>USA</u>	Zip <u>32701</u> Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>59-3553686</u>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable <input type="checkbox"/>
	7. Name and Address of Current Registered Agent		
	Name <u>Roderic L. Boling</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>205 Tranquility Cove</u>			
City <u>Altamonte Springs</u> FL Zip Code <u>32701</u>			

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 Roderic L. Boling [Signature] DATE 04/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Roderic L. Boling</u> <u>205 Tranquility Cove</u> <u>Altamonte Springs, FL 32701</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>Anna August Boling</u> <u>205 Tranquility Cove</u> <u>Altamonte Springs, FL 32701</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE: Anna August Boling [Signature] DATE 04/30/03 Daytime Phone # 407 682 2921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)