

2001 UNIFORM BUSINESS REGISTRATION

DOCUMENT # P99000052509

1. Entity Name

ALTECH ANALYTICAL SERVICES, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

03-22-2001 90021 033 ***150.00

Principal Place of Business
5800 U.S. HWY.1
GRANT FL 32949

Mailing Address

P.O. BOX 146
GRANT FL 32949



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MURPHY, PATRICIA J
5800 U.S. HWY.1
GRANT FL 32949

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

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	D	<input type="checkbox"/> Delete
NAME	MURPHY, PATRICIA J	
STREET ADDRESS	5800 U.S. HWY.1	
CITY-ST-ZIP	GRANT FL 32949	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

(321) 984-9122

Daytime Phone

CR2E034 (10/00)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

Attachment
EIN **#7990005259**
34241
OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) ALLTECH ANALYTICAL SERVICES INC.	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt. or suite no.) P.O. BOX 146	5a Business address (if different from address on lines 4a and 4b) 5800 U.S. Hwy #1
4b City, state, and ZIP code GRANT FL 32949	5b City, state, and ZIP code GRANT FL 32949
6 County and state where principal business is located BREVARD FLORIDA	
7 Name of principal officer, general partner, grantor, owner, or trustor - SSN required (See instructions.) PATRICIA J. MURPHY ► 138-46-9135	

8a Type of entity (Check only one box.) (See instructions.)	
<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator - SSN
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) ► S
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Other nonprofit organization (specify) ►	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Church or church-controlled organization
(enter GEN if applicable)	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State FLORIDA	Foreign country
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9 Reason for applying (Check only one box.)	<input type="checkbox"/> Banking purpose (specify) ►
<input checked="" type="checkbox"/> Started new business (specify) ►	<input type="checkbox"/> Changed type of organization (specify) ►
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (Mo., day, year) (See instructions.) 1/99	11 Closing month of accounting year (See instructions.) DECEMBER
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)	7/01/01
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter 0. (See instructions.)	Nonagricultural 2	Agricultural	Household
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14 Principal activity (See instructions.)	SAMPLING WATER
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15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check the appropriate box.	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	

17a Has the applicant ever applied for an identification number for this or any other business?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	Legal name ► ALLTECH WATER CO. INC.	Trade name ► ALLTECH WATER CO. INC.
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (Mo., day, year) 1/8/95	City and State where filed TALLAHASSEE FLORIDA	Previous EIN 59-3456681
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.)	PATRICIA J. MURPHY PRESIDENT	Business telephone number (include area code) (321) 984-9122
		Fax telephone number (include area code) (321) 984-0783

Signature	<i>Patricia J. Murphy</i>	Date	3/30/01
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Note: Do not write below this line. For official use only.

Please leave blank	Geo.	Ind.	Class	Size	Reason for applying
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