

2002 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000058565.

1. Entity Name

ALL FLORIDA WATER SOLUTIONS, INC.

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90034 025 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4503 NW 47 Street  
Suite, Apt. #, etc.

3. Mailing Address  
4503 NW 47 Street  
Suite, Apt. #, etc.

City & State  
Tamarac, FL

Zip  
33319

Country  
USA

City & State  
Tamarac, FL

Zip  
33319

Country  
USA

4. FEI Number  
Not applicable

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Michael K. Bryan

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

4503 N.W. 47 Street

City  
Tamarac

FL

Zip Code  
33319

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
BRYAN, MICHAEL K.  
4503 NW 47 Street  
Tamarac, FL 33319

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael K. Bryan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MICHAEL K. BRYAN, President

04-22-02

Date

954-829-0600

Daytime Phone #