

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90701 013 \*\*\*150.00

**DOCUMENT # P99000081045**

1. Entity Name  
**EVERCLEAR WATER SYSTEMS, INC.**



Principal Place of Business  
**601 NE 42ND ST  
E9  
OAKLAND PARK FL 33334**

Mailing Address  
**5501 NE 25TH AVE APT 2  
FORT LAUDERDALE FL 33308**

**10033888**



2. Principal Place of Business

3. Mailing Address

**5501 NE 25<sup>th</sup> AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**APT. 1**

City & State

City & State

**Ft. LAUDERDALE, FL.**

Zip

Country

Zip

Country

**33308 BROWARD**

4. FEI Number **65-0948888**

Applied For

Not Applicable

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

**FRANZ-KARLIC, MARY ANN  
5501 NE 25TH AVE APT 2  
FORT LAUDERDALE FL 33308**

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. 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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD KARLIC, ANTE</b> <b>5501 NE 25TH AVE APT 2</b> <b>FORT LAUDERDALE FL 33308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD FRANZ-KARLIC, MARY ANN</b> <b>5501 NE 25TH AVE APT 2</b> <b>FORT LAUDERDALE FL 33308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Mary Ann Franz-Karlic VD** **3-14-03** **954-776-7771**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)