2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 01, 2001 8:00 am Secretary of State DOCUMENT # P99000091812 1. Entity Name EXCEL WATER SYSTEMS INC. 02-07-2001 90131 015 ***150.00 Principal Place of Business Mailing Address 4641 HAMMOCK CIRCLE 4641 HAMMOCK CIRCLE DELRAY BEACH FL 33445 **DELRAY BEACH FL 33445** 3. Mailing Address 2. Principal Place of Business 4641 HAUNOC 4641 MAUMOCK Suite, Apt. #. etc. Suite, Apt. #, etc. 3232 Applied For City & State City & State DELRAY DELRAY -099 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired U5A Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALINA, RONALD S Street Address (P.O. Box Number is Not Acceptable) 4641 HAMMOCK CIRCLE **DELRAY BEACH FL 33445** City 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 DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete ☐ Addition CR2E034 (10/00) TITLE TITLE Baliwa, rónald ś NAME NAME STREET ADDRESS STREET ADDRESS **4641 HAMMOCK CIRCLE** CITY-ST-ZIP CITY-ST-ZiP **DELRAY BEACH FL 33445** Change ☐ Addition Delete TITLE BOILY TITLE BEILY, DOMINIQUE NAME NAME STREET ADDRESS STREET ADORESS 4641 HAMMOCK CIRCLE CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33445** TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chance TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 13. I hereby certify that the information supplied with this filling 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.

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PONALD BALINA) - AN 27.0%

FILED