2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 05, 2000 8:00 am
Secretary of State
05-15-2000 90310 050 ***150.00

DOCUMENT # P99000096662

1. Entity Name
Environmental Surface Prep, Inc.

Principal Place of Business / Mailing Address
2520 NE 48th Street
Lighthouse Point, FL 33064

2. Principal Place of Business		3. Mailing Address	
2520 Northeast 48th Street		c/o Gruber and Associates, P.A.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1650 Southeast 17th Street #301	
City & State: Lighthouse Point FL		City & State: Fort Lauderdale FL	
Zip: 33064	Country: USA	Zip: 33316-1735	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 22-3688010 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Wesley E. Lewison
2520 NE 48th Street
Lighthouse Point, FL 33064

7. Name and Address of New Registered Agent
Name: Wesley E. Lewison
Street Address (P.O. Box Number is Not Acceptable): 2520 NE 48th Street
City: Lighthouse Point FL Zip Code 33064

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: Wesley Lewison, President DATE 4.17.00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: President; NAME: Wesley E. Lewison; STREET ADDRESS: 2520 NE 48th Street; CITY-ST-ZIP: Lighthouse Point, FL 33064	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Vice President/Secretary; NAME: Kristina Galindo; STREET ADDRESS: 2520 NE 48th Street; CITY-ST-ZIP: Lighthouse Point, FL 33064	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (8/99)

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: Wesley Lewison, President 954/783-7102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #