2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 05, 2001 8:00 am Secretary of State **DOCUMENT # \$35195** 1. Entity Name ENVIRO-MASTERS WATER & WASTE WATER SERVICES, INC 03-05-2001 90290 002 ***150.00 Principal Place of Business Mailing Address P.O. BOX 1972 P.O. BOX 1972 SILVER SPRINGS FL 34489-8972 SILVER SPRINGS FL 34489-8972 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3054967 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TABOR, LINDA F. Street Address (P.O. Box Number is Not Acceptable) SE 235 N.E. 51 AVENUE OCALA FL 34470-8518 City 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 2/27/01 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change TITLE ☐ Detete TABOR, LEONARD B. NAME STREET ADDRESS STREET ADDRESS 235 N.E. 51 AVENUE CITY-ST-ZIP CITY-ST-ZIP OCALA FL Delete TITLE ☐ Addition TITLE S.E. 25 th Street TABOR, LINDA F. NAME NAME STREET ADDRESS STREET ADDRESS 235 N.E. 51 AVENUE CITY-ST-ZIP CITY-ST-ZIP OCALA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 path; 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

SIGNATURE:

SIGN TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR