

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90066 018 ***150.00

0606426

DOCUMENT # J91292
 1. Entity Name
FLOW WATERJET FLORIDA CORPORATION

Principal Place of Business 23500 - 64TH AVENUE SOUTH KENT WA 98032	Mailing Address 23500 - 64TH AVENUE SOUTH KENT WA 98032
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0016972		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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.

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE NAME	DP TARRANT, RONALD W	<input type="checkbox"/> Delete
STREET ADDRESS	23500 64TH AVENUE, SOUTH	
CITY-ST-ZIP	KENT WA 98032	
TITLE NAME	S LENESE, JOHN S	<input type="checkbox"/> Delete
STREET ADDRESS	23500 64TH AVENUE SOUTH	
CITY-ST-ZIP	KENT WA 98032	
TITLE NAME	VPCO LAWRENCE, R. BRAD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	23500 64TH AVENUE, SOUTH	
CITY-ST-ZIP	KENT WA 98032	
TITLE NAME	CFO REICHENBACH, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	23500 64TH AVENUE, SO	
CITY-ST-ZIP	KENT WA 98032	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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)(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 Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/6/01 Daytime Phone #: (253) 850-3500

CP2E034 (10/00)