

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90203 002 ***150.00

0507806 AN

DOCUMENT # **P00000106254**

1. Entity Name
H2O VENDING INC.

Principal Place of Business
**779 PELICAN COURT
 MARCO ISLAND FL 34145**

Mailing Address
**P.O. BOX 1450
 SUITE I
 MARCO ISLAND FL 34145**

B0004950



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
997 N. Callier Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 1458
 Suite, Apt. #, etc.

City & State
Marco Island FL
 Zip
34145
 Country

City & State
Marco Island FL
 Zip
34146
 Country

4. FEI Number **65-1060432**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KOWALSKI, DAVID J
 779 PELICAN COURT
 MARCO ISLAND FL 34145**

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, 2002 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D - Pres	KOWALSKI, DAVID J	779 PELICAN COURT	MARCO ISLAND FL 34145	<input type="checkbox"/>
	VP	West		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	Gregory R. West	134 Flamingo Circle	Marco Island FL 34145	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Patrick J Lane	1151 VERNON PL	Marco Island FL 34145	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-7-02**
Daytime Phone #

CR2E034 (9/01)