

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90127 010 ***158.75

USE 3-2 AI

DOCUMENT # P94000029233

1. Entity Name
H-2 O SYSTEMS INC.

Principal Place of Business 5899 SCOVILLE ROAD ELKTON FL 32033 US	Mailing Address 5899 SCOVILLE ROAD ELKTON FL 32033 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-3237807	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HALL, CHARLES E JR.
 103-B ANASTASIA BLVD.
 ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name **Charles Hall**
 Street Address (P.O. Box Number is Not Acceptable)
77 ALMERIA ST.
 City **St. Augustine** FL Zip Code **32084**

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 _____
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, 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 ST	<input type="checkbox"/> Delete
NAME LOHR, DONALD J	
STREET ADDRESS 5899 SCOVILLE ROAD	
CITY-ST-ZIP ELKTON FL 32043	
TITLE D	<input type="checkbox"/> Delete
NAME LOHR, KEVIN C	
STREET ADDRESS 5899 SCOVILLE ROAD	
CITY-ST-ZIP ELKTON FL 32043	
TITLE PTVS	<input type="checkbox"/> Delete
NAME LOHR, KEVIN C	
STREET ADDRESS 5899 SCOVILLE RD	
CITY-ST-ZIP ELKTON FL 32043	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)(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 another like empowered.

SIGNATURE: Kevin C Lohr DATE: 4-12-02 DAYTIME PHONE #: 904 692-2258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)