

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90004 030 ***558.75

0088154 AV

DOCUMENT # P99000080726

1. Entity Name

H2O SYSTEMS NATURE'S BEST ALTERNATIVE, INC.

Principal Place of Business

**1530 SOUTH MCCALL ROAD
 ENGLEWOOD FL 34223**

Mailing Address

**1530 SOUTH MCCALL ROAD
 ENGLEWOOD FL 34223**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0944562

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FISCHER, C. MICHAEL ESQ
 2800 PLACIDA ROAD, SUITE 112
 ENGLEWOOD FL 34224**

7. Name and Address of New Registered Agent

Name

GARY LEE NEFF

Street Address (P.O. Box Number is Not Acceptable)

93 CADDY RD.

City

ROTONDA W.

FL

Zip Code

33947

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]

(NOTE: Registered Agent signature required when reinstating)

7/10/01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **NEFF, GARY LEE**
 STREET ADDRESS **PO BOX 176**
 CITY-ST-ZIP **PLACIDA FL 33946**

TITLE **D** ☒ Delete
 NAME **HIBBITTS, RONALD LEE**
 STREET ADDRESS **2831 ELEVENTH STREET**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/01
 Date

941-475-8870
 Daytime Phone #

CR2E034 (5/01)