2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000072443 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** CUTWATER, INC. 03-03-2000 90204 005 ***150.00 Principal Place of Business Mailing Address 19175 N RIVERSIDE DRIVE 19175 N RIVERSIDE DRIVE TEQUESTA FL 33469-2569 TEQUESTA FL 33469-2569 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0858890 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Bequired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CREEDON, DANIEL M Street Address (P.O. Box Number is Not Acceptable) 4629 EL MAR DRIVE, #1 LAUDERDALE BY THE SEA FL 33308 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2000 Fee will be \$550.00 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 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE HART, MICHAEL A NAME NAME STREET ADDRESS 19175 RIVERSIDE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TEQUESTA FL 33469 ☐ Addition Change TITLE ☐ Delete HART, MICHAEL A NAME STREET ADDRESS 19175 RIVERSIDE DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **TEQUESTA FL 33469** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 FRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

2-20-00

561-310-21375

Daytime Phone #