2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attack

SIGNATURE:

FILED Mar 06, 2001 8:00 am Secretary of State DOCUMENT # P99000043998 1. Entity Name BREVARD LEAK DETECTION, INC. 03-06-2001 90329 001 ***150.00 Principal Place of Business Mailing Address 145 DUVAL ST. 145 DUVAL ST. MELBOURNE FL 32951 MELBOURNE FL 32951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3577526 Not Applicable nellourne Melmurne \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROGERS, ERIKA K Street Address (P.O. Box Number is Not Acceptable) 145 DUVAL ST. **MELBOURNE FL 32951** Zip Code Fi ptement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The abov SIGNATURE nt 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME ROGERS, MICHAEL STREET ADDRESS STREET ADDRESS 145 DUVAL STREET CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE BEACH FL 32951** Addition TITLE ☐ Delete TITLE Change NAME ROGERS, ERIKA NAME STREET ADDRESS 145 DUVAL STREET STREET ADDRESS CITY-ST-ZIP MELBOURNE BEACH .- FL 32951 --CITY-ST-ZIP___ ☐ Delete TITLE ☐ Change Addition TITLE V PRESIDENT NAME NAME WISE, WALTER W, III STREET ADDRESS STREET ADDRESS 215 4TH AVE CITY-ST-ZIP CITY-ST-ZIP MELBOURNE BEACH, FL ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 exercise processed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ERIKA K ROGERS

SIGNING OFFICER OF DIRECTOR