## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # 276964 Jan 28, 2000 8:00 am **Secretary of State** GULF COAST WATER CONDITIONING, INC. 01-28-2000 90081 029 \*\*\*150.00 Principal Place of Business Mailing Address 13075 66TH ST NORTH 13075 66TH ST NORTH LARGO FL 33773-1810 LARGO FL 33773-849 = 1810 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1030024 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Conetta, Tami F. Esq. THOMAS, ROBERT S Street Address (P.O. Box Number is Not Acceptable) Ruden, McClosky, Smith, Schuster & Russel 13075 66TH ST N **LARGO FL 33773** 1549 Ringling Blvd. Zip Code City 34236 Sarasota 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 Tami F. Conetta, Esq. SIGNATURE ad agent and title if applicable. 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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPST X Change ☐ Addition ☐ Delete TITLE TITLE MARLOW, JAMES H NAME NAME 6016 S FLORENCE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 80111-5435 ENGLEWOOD CO 36X 80111-5435 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition - Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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 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.

Tames H. Marlow, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

303-741-4490

Daytime Phone #