2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 27, 2001 8:00 am **DOCUMENT # 276964 Secretary of State** 02-27-2001 90310 038 ***150.00 GULF COAST WATER CONDITIONING, INC. Principal Place of Business Mailing Address ~UIUJ 13075 66TH ST NORTH 13075 66TH ST NORTH LARGO FL 33773-810 LARGO FL 33773-810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1030024 Not Applicable Zip Country Zip Country \$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 CONETTA, TAMI F ESQ Street Address (P.O. Box Number is Not Acceptable) RUDEN, MCCLOSKY, SMITH, SCHUSTER&RUSSELL 1549 RINGLING BLVD SARASOTA FL 34236 City Zip Code 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST CR2E034 (10/00 TITLE Delete TITLE D/V/S/T Change : Addition NAME MARLOW, JAMES H NAME STREET ADORESS STREET ADDRESS 6016 S FLORENCE COURT CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD CO 80111-5435 TITLE ☐ Delete TITLE ☐ Change Addition D/P NAME NAME Canney, Scott W STREET ADDRESS STREET ADDRESS 437 Walden Drive CITY-ST-ZIP CITY-ST-ZIP 49078 Otsego, MI . Delete TITLE TITLE ☐ Change Addition NAME -NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MASIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Deleta TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby cortify 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 frustee empowered to execute this report as required by Chapter 807, 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.

James H.

Marlow,