## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State **DOCUMENT # 467712** 1. Entity Name HELIODYNAMICS CORPORATION 03-22-2000 90043 006 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 1838 804 W. DELEON TAMPA FLORIDA 33606-2722 TAMPA FL 33601-1838 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required\_\_\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRADLEY, MURIEL C Street Address (P.O. Box Number is Not Acceptable) 804 W. DELEON ST. TAMPA FLORIDA FL 33606-2722 Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. Addition ☐ Delete TITLE Change TITLE REDMAN, JOHN C. NAME STREET ADDRESS STREET ADDRESS 804 W. DELEON ST. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606-2722 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BRADLEY, EDGAR B. III NAME NAME STREET ADDRESS STREET ADDRESS 804 DELEON CITY-ST-ZIP CITY-ST-ZIP TAMPA FL . 🔲 Change ☐ Addition ☐ Delete TITLE STD TITLE BRADLEY, MURIEL C NAME NAME STREET ADDRESS STREET ADDRESS 804 W. DELEON ST. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606-2722 Change ■ Addition ☐ 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 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.

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