2000 UNIFORM BUSINESS REPORT (UBR)

FILED 65628 DOCUMENT # Apr 23, 2000 8:00 am Secretary of State 1. Entity Name STEAM-PATH SERVICE, INC. 04-23-2000 90008 026 ***150.00 Principal Place of Business Mailing Address 4000 AMELIA ISLAND PARKWAY P.O. BOX 16527 FERNANDINA BEACH, FL 32035-FERNANDINA BEACH, FL 32035-3126 32035-3126 US US 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 04-2565444 Not Applicable Zip Country 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 Name AKEL, EDWARD C Street Address (P.O. Box Number is Not Acceptable) ONE NIDEPENDENTTDR **SUITE 2301** JACKSONVILLE, FL 32202-5059 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 (NQTE: 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 12 BDIRT, FRANCIS **X** Addition TITLE Delete MCCARTHY ADANTEL QUINN, FRANCIS STREET ADDRESS STREET ADDRESS 891 NISSEN DR. 4440 S. FLETCHER AVE CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BCH, FL 32034 FERNANDINA BCH, FL 32034 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME QUINN, SHIRLEY STREET ADDRESS STREET ADDRESS 4440 S. FLETCHER AVE CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BCH, FL 32034 VTSD ~ ---Delete -TITLE ROSZELL, NANCY R. NAME STREET ADDRESS STREET ADDRESS 1577 GLENWOOD RD. CITY-ST-ZIP CITY-ST-ZIP YULEE, FL 32097 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS 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.