## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # F18535** 1. Entity Name ADVANCED PLASMA SYSTEMS, INC. Principal Place of Business Mailing Address 12000 28TH STREET N. 12000 28TH STREET N. PO BOX 21671 PO BOX 21671 ST PETERSBURG FL 33742-1671 ST PETERSBURG FL 33742 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country Zip

## **FILED** Mar 02, 2000 8:00 am Secretary of State

03-02-2000 90112 014 \*\*\*150.00

DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2073021 Not Applicable \$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 WILDER, GERALD L Street Address (P.O. Box Number is Not Acceptable) 12000 28TH STREET N. ST PETERSBURG FL 33716 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter 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 11. Addition DP TITLE ☐ Change TITLE Delete DV DUNN, ROBERT A NAME NAME Peter Bierhuis STREET ADDRESS STREET ADDRESS 28601 CLEMENS RD 4057 Port Chicago Highway CITY-ST-ZIP CITY-ST-ZIP WESTLAKE OH 44145 Concord, CA 94520 DS DT DT Change Addition ☐ Delete TITLE PELLECCHIA, NICHOLAS D NAME Robert E. VEillette 28601 CLEMENS RD STREET ADDRESS STREET ADDRESS 28601 Clemens Road CITY-ST-ZIP CITY-ST-ZIP WESTLAKE OH 44145 Westlake, OH 44145 Addition ☐ Change DS TITLE TITLE ∑x Delete MOORHEAD, THOMAS L NAME NAME STREET ADDRESS STREET ADDRESS 28601 CLEMENS RD CITY-ST-ZIF WESTLAKE OH 44145 CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR VEILLET,

440/414-5184

CR2E034 (9/99