2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 04, 2002 8:00 am DOCUMENT # F92000001025 **Secretary of State** 1. Entity Name 02-04-2002 90133 019 ***150.00 H-TWO-O PLUS CORPORATION Principal Place of Business Mailing Address 700 ARMENIA DRIVE P.O. BOX 29 PENSACOLA FL 32507 LILLIAN AL 36549-0029 US 2. Principal Place of Business 3. Mailing Address HWY 11245 CILCIAN Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number ensacola 63-1077262 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 2506 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Locklin **CURTIS M LOCKLIN** Street Address (P.O. Box Number is Not Acceptable) 700 ARMENIA DRIVE PENSACOLA FL 32505 CityPensacula 2506 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 title if applicable. (NOTE: 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT LOCKING CURTIS M. LOCKIN 11245 LilliAN HWY (9/01)TITLE □ Delete TITLE. Change Addition NAME LOCKLIN, CURTIS M NAME **CR2E034** STREET ADDRESS STREET ADDRESS 700 ARMENIA DRIVE CITY-ST-ZIP Persocals RL 32506 CITY-ST-7IP PENSACOLA FL Change TITLE ☐ Delete TITLE Addition GEORGE LAZENBY HWY NAME NAME LAZENBY, GEORGE E STREET ADDRESS STREET ADDRESS 700 ARMENIA DRIVE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FC 32506-PENSACOLA FL ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 attachment with an attachment with an attachment with a statute of the same legal effect as if made under oath; and the same legal effect as if made under oath; that I am an officer or director.