2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # G72117** May 06, 2000 8:00 am Secretary of State SURFACTANT TECHNOLOGIES CORPORATION 05-06-2000 90179 001 ***300.00 Mailing Address Principal Place of Business 328 W 11TH ST. 328 W 11TH ST. RIVERIA BCH. FL 33404-7522 RIVERIA BCH, FL 33404-7522 12114 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2689576 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 HUDSON, ALICE P. Street Address (P.O. Box Number is Not Acceptable) 328 W 11TH ST. RIVERIA BCH. FL 33404 Zip Code FL 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) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. 11. Addition **DPST** TITLE ☐ Delete NAMÉ HUDSON, ALICE P. STREET ADDRESS STREET ADDRESS 328 WEST 11TH STREET CITY-ST-ZIP CITY-ST-ZIP **RIVIERA BEACH FL 33404** ☐ Addition Change ☐ Delete TITLE HUDSON, DONALD E. NAME NAME STREET ADDRESS 328 WEST 11TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **RIVIERA BEACH FL 33404** ☐ Addition ☐ Delete TITLE ☐ Change TITLE **NEVIN, JAMES** NAME NAME STREET ADDRESS 328 WEST 11TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **RIVIERA BEACH FL 33404** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

UDSON 4/24/00 (56