2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # G73003** Mar 07, 2000 8:00 am 1. Entity Name **Secretary of State** SAN SEBASTIAN UTILITIES, INC. 03-07-2000 90069 038 ***150.00 Mailing Address Principal Place of Business 8730 US HWY 1 MICCO FL 32976 3. Mailing Address 2. Principal Place of Business 900 FOX (REEK TRAIL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State NOT APPLICABLE Not Applicable \$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 HOWARD WILLIAM O. 6949 WANASA BLVD MELBOURNE FL 32904 Zip Code nging its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this st **SIGNATURE** Signature, typed of 5 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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DST Delete ☐ Change Addition TOM MARTINO 1900 FOX CREEK TRAIL TITLE TITLE HOWARD, WILLIAM F. NAME NAME 6949 W. NASA BLVD STREET ADDRESS STREET ADDRESS RANKTOW N. CO 80116 CITY-ST-ZIP MELBOURNE FL 00000 CITY-ST-ZIP ☐ Change Addition TITLE TITLE CHUCK WAHLEN BUCHANAN, CHARLES E. NAME NAME 7900 FOX CREEK TRAIL 6949 W. NASA BLVD STREET ADDRESS STREET ADDRESS FRANKTOUN, CO 80116 MELBOURNE, FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE HOWARD, WILLIAM D. NAME NAME 6949 W. NASA BLVD. STREET ADDRESS STREET ADDRESS MELBOURNE FL CITY-ST-ZIP KTOWN CO 80116 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supply indicated on this report or supplement of the corporation or the receiver or t changed, or on an attachment with