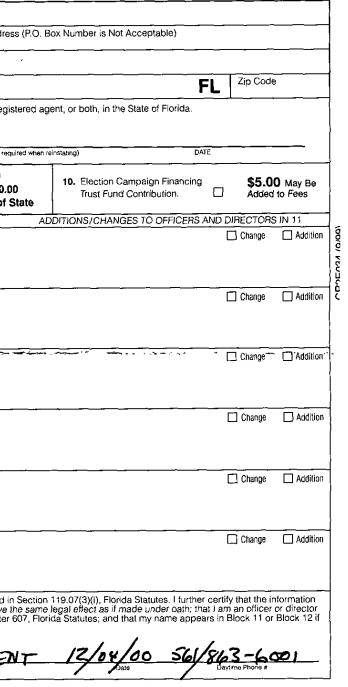
FILED 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # G82887** Entity Name 01-12-2000 90083 045 ***150.00 SUBMERSIBLE SYSTEMS TECHNOLOGY, INC. Principal Place of Business Mailing Address 3612 REESE AVENUE 3612 REESE AVENUE RIVIERA BEACH FL 33404-3446 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2389115 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7." Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STAEHLE, RUTH S. Street Address (P.O. Box Number is Not Acceptable) 2480 TREASURE ISLE DR. PALM BCH GARDENS FL 33410 Zip Code City 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 (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 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 11. ☐ Change TITLE ☐ Delete STAEHLE, CHARLES M. NAME 2480 TREASURE ISLE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BCH GARDENS FL CITY-ST-ZIF ☐ Delete ☐ Change TITLE TITLE STAEHLE, RUTH S. NAME NAME STREET ADDRESS 2480 TREASURE ISLE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BCH GARDENS FL Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Jan 12, 2000 8:00 am Secretary of State



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.

CITY-ST-ZIP

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