2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT# 334844 Jun 05, 2000 8:00 am **Secretary of State** SANDY CREEK Utilities, INC 06-05-2000 90050 006 \*\*\*150.00 Principal Place of Business Mailing Address SAME 1732 Hwy 2297 PANAMA City, FI 32404 110060945 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2736706 Not Applicable Zio Country \$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 Scott NABORS Street Address (P.O. Box Number is Not Acceptable) 456 HATTISON AV PAHAMA CAY, F1: 32401 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TRESIDENT ☐ Addition NAME Harrison, Parrick A NAME GARY L Souders STREET ADDRESS STREET ADDRESS 5644 Wistherman # 305 CITY-ST-ZIP CITY-ST-ZIP HOLLSTON, TX 77055 PANAMA TITLE ☐ Change ☐ Addition NAME DAVID, D.R. NAME STREET ADDRESS 644 Westhermen #305 STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP OUSTON, TX 770SS TITLE TITLE MASSEY, MICHAN B WHOO 1400 POST OAK Blue \$400 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON, TX CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 5-24-00 1-850-784-3838 SIGNATURE: