2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 11, 2000 8:00 am Secretary of State **DOCUMENT # K39738** 1. Entity Name AQUA-CLEAR CHEMICAL COMPANY, INC. 04-11-2000 90049 045 ***150.00 Principal Place of Business Mailing Address 4809 N RENELLIE DR 4809 N RENELLIE DR TAMPA FL 33614-6415 TAMPA FL 33614-6415 us 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2918727 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBINSON, GREG L Street Address (P.O. Box Number is Not Acceptable) 23311 DOVER DR LAND O' LAKES FL 34639 Zip Code FI 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 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. ☐ Change Addition TITLE ☐ Delete TITLE HORTON, DENNIS NAME NAME 16128 ARMISTEAD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ODESSA FL Change Addition **VP** ☐ Delete TITLE TITLE ROBINSON, GREG L NAME 23311 DOVER DRIVE 8012 N MEADOWVIEW CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TAMPA FL 33625 ☐ Addition ☐ Delete TiTLE TITLE ROBINSON, ELIZABETH P 23311 DOVER DRIVE 34639 NAME NAME STREET ADDRESS 8012 N MEADOWVIEW CIR STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **TAMPA FL 33625** 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 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 profit 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 true the 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21100 813-878-019
Daving Phone #