2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # L98026 Mar 27, 2000 8:00 am **Secretary of State** AKH WATER MANAGEMENT, INC. 03-27-2000 90104 030 ***150.00 Mailing Address Principal Place of Business 1177 76TH ST., OCEAN 1177 76TH ST., OCEAN MARATHON FL 33050-3117 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0216999 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HANSEN, ALEXANDER K. Street Address (P.O. Box Number is Not Acceptable) 1177 76TH ST., OCEAN MARATHON FL 33050 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 (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 \$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. TITLE Change ☐ Addition ☐ Delete TITLE D NAME NAME HANSEN, ALEXANDER K. STREET ADDRESS STREET ADDRESS 1177 76TH ST. OCEAN CITY-ST-ZIP CITY-ST-ZIP MARATHON FL ☐ Addition TITLE ☐ Delete Change NAME NAME HANSEN, JUDY E. STREET ADDRESS STREET ADDRESS 1177 76TH ST. OCEAN CITY-ST-ZIP CITY-ST-ZIP MARATHON FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete 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 CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED DR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylor Phone #

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