2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 04, 2001 8:00 am Secretary of State DOCUMENT # P00000088282 1. Entity Name H2 AWESOME, INC. 05-04-2001 90116 014 ***150.00 Mailing Address Principal Place of Business 112 RONELE DRIVE 112 RONELE DRIVE BRANDON FL 33511 **BRANDON FL 33511** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite-Apt-#3etc=-Suite, Apt. #, etc. Applied For City & State City & State 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 van heuvel, stephen P Street Address (P.O. Box Number is Not Acceptable) 112 RONELE DRIVE BRANDON FL 33511 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE.IS \$150.00 9. This corporation is eligible to satisfy its Intangible. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME van heuvel, stephen p STREET ADDRESS STREET ADDRESS 112 RONELE DRIVE CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete 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 13. I hereby certify that the information supplied with this filing does not quality 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 any trait 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 trusted expowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED