2000 UNIFORM BUSINESS REPORT (UBR)

Jan 27, 2000 8:00 am Secretary of State DOCUMENT # **P93000028790** REKA ENVIRONMENTAL, INC. 01-27-2000 90104 001 ***150.00 Principal Place of Business Mailing Address 852 LEOPARD TRAIL 852 LEOPARD TRAIL WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708-4150 907950 2. Principal Place of Business 3. Mailing Address Same same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3195977 Not Applicable \$8.75 Additional Zip Zip____. Country-Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COOK, STEPHEN E T 852 LEOPARD TRAIL WINTER SPRINGS FL 32708 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE COOK, STEPHEN T. NAME NAME STREET ADDRESS STREET ADDRESS 852 LEOPARD TRAIL CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 Addition secretar ☐ Change ☐ Delete COOK, KATHERINE R NAME NAME STREET ADDRESS 852 LEOPARD TRAIL STREET ADDRESS CITY-ST-ZIP" -CITY-ST-ZIP -WINTER SPRINGS FL 32708 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED