2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000051423 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name CHLOROTECH SYSTEMS, INC. 04-22-2000 90084 002 ***150.00 Principal Place of Business Mailing Address P.O. BOX 1354 7098 BAYFRONT ROAD SHARPES FL 32959-1354 COCOA FL 32959-1354 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt # etc. Applied For City & State 4. FEI Number City & State 59-3207599 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name KLINE, MARVIN G Street Address (P.O. Box Number is Not Acceptable) 7098 BAYFRONT ROAD COCOA FL 32927 Zip Code · 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. SIGNATURE AND DESCRIPTION OF THE PROPERTY OF T 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. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE KLINE, SAMMYE J NAME NAME 7098 BAYFRONT RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA FL 32927 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BUTLER, GWENDOLEN A. NAME NAME 7094 BAYFRONT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP COCOA FL 32927 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

A. Butler 4-14-00