## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 10, 2000 8:00 am DOCUMENT # **P94000035260** 1. Entity Name Secretary of State EXOTIC REEF TECHNOLOGIES, INC. 02-10-2000 90055 028 \*\*\*150.00 Principal Place of Business Mailing Address 224 NE 24TH COURT 224 NE 24TH COURT BOCA RATON FL 33431-7640 BOCA RATON FL 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0494856 Not Applicable Country \$8.75 Additional 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 PAPADOYIANIS, ERNEST D Street Address (P.O. Box Number is Not Acceptable) 224 NE 24TH COURT **BOCA RATON FL** 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) 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition DCP ☐ Delete TITLE TITLE PAPADOYIANIS, ERNEST D NAME NAME STREET ADDRESS 224 NE 24TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition Delete TITLE CHERCH, XAVIER " T NAME STREET ADDRESS STREET ADDRESS 5431 N UNIVERSITY DRIVE CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL Change ☐ Addition Delete LEWBART, GREGORY A DR. \* MAME STREET ADDRESS **541 EAST JONES STREET** STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP RALEIGH NC 27601 ☐ Addition ☐ Change TITLE Delete TITLE **TEWKSBURY, DONALD** NAME NAME STREET ADDRESS P.O. BOX 645 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREEN HARBOR MA 02041** ☐ Change ☐ Addition TITLE Delete TITLE PAPDOYIANIS, CYNTHIA K NAME NAME STREET ADDRESS STREET ADDRESS 224 NE 24TH CT CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 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 repetiter 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED O