2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000038409

1. Entity Name

STILLWATERS, INC.

FILED
01 JAN -5 PM 2:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
2105 TOM STREET NAVARRE FL 32566	2105 TOM STREET NAVARRE FL 32566-3304

REINSTATEMENT

2. Principal Place of Business	3. Mailing Address
11 FLORIDA PLACE	8253 NAVARRE PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc. #D-206
City & State: FT WALTON, FL	City & State: NAVARRE, FL
Zip: 32547 Country: USA	Zip: 32566 Country: USA

4. FEI Number 59-3260345 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GODUTO, THOMAS G 2105 TOM ST. NAVARRE FL 32566	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] DATE 10/19/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME GODUTO, THOMAS G STREET ADDRESS 2105 TOM STREET CITY-ST-ZIP NAVARRE FL 32566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900003536099--0 -01/12/01--01084--003 ****900.00 ****900.00
TITLE D NAME GODUTO, JOHN T STREET ADDRESS 12962 SUNRISE CANYON LN CITY-ST-ZIP MARALIA AZ 85653	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME GODUTO, KATHLEEN A STREET ADDRESS 12962 SUNRISE CANYON LN CITY-ST-ZIP MARALIA AZ 85653	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Addition KE

1/2/01

KATHY,
AS PER OUR TELECON ON 1/2/01 — $900.00 FOR 2000 REINSTATMENT & 2001 FEE.

THANKS,
TOM.

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the ex... information indicated on this report or supplemental report is true and accurate and that my sign... er or director of the corporation or the receiver or trustee empowered to execute this report as req... for Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 10/19/00 850-939-1965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #