2000 UNIFORM BUSINESS REPORT (UBR)

Jan 18, 2000 8:00 am Secretary of State DOCUMENT # **P9400061048** PIPELINE MAINTENANCE & SERVICES, INC. 01-18-2000 90010 025 ***150.00 Mailing Address Principal Place of Business 800 CARLTON COURT 800 CARLTON COURT WINTER HAVEN FL 33884-3438 WINTER HAVEN FL 33884 A0004176 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3270269 Not Applie Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name... REXROAT, THOMAS D Street Address (P.O. Box Number is Not Acceptable) **800 CARLTON COURT** WINTER HAVEN FL 33884 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 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition ☐ Delete TITLE TITLE REXROAT, THOMAS D NAME NAME STREET ADDRESS 800 CARLTON COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 Addition ☐ Change ☐ Delete TITLE NAME 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 TITLE ☐ Delete 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 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME 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 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.

SIGNATURE: Vails

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1-90

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FILED

Daytime Phone #