1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000083490 1. Corporation Name

HOT H2O, INC.

Principal Place of Business

4375 ARROW AVE. SARASOTA FL 34232 Mailing Address

4375 ARROW AVE. SARASOTA FL 34232

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90135 047 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/15/1004

				1 1/ 10/ 1994	
2. Prigcipal Pl	ace of Business	2a. Mailing Address	D. O. L. C. D	4. FEI Number	Applied For
27 48 29	8 STONE KIDGE (1R26 4828 STONE	KILLUECIK	65-0537312	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	•	27		5. Certificate of Clattics Desired	Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23 SA KA:	>0TA-	28 SARASOTA	, <u> </u>	Trust Fund Contribution	Added to Fees
Zip Country Zip			Country	8. This corporation owes the current year Intang	jible 🗼 📗
24 342 ?	25	29 34232 30	ol	Personal Property Tax.	Yes KNo
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Ag	ent
	itz, keith p		82 Street Address (P.O. Box Number (5)Not Acceptable)		
4375 ARROW AVE.			4829 STONE KIDGE CIRCLE		
SAR	ASOTA FL 34232		83		
84 Ci				RASOTA FL	85 Zip Code 32
41 Durwant to the provisions of Sections 607 1502 and 607 1508. Elevida Statutes, the above-named compration submits this statement for the purpose of changing its registered					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the Plate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent. I am familiar with, apd/accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE W T V E T T T T T T T T T					
12.	Signature, typed or printed name of registered a	ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D OFFICERS A	DELETE	1.1 TITLE		Change
	PONITZ, KEITH P			•	`
NAME			1.3 STREET ADDRESS	1828 STONE RIDGE CIRC	ίΕ
STREET ADDRESS	4375 ARROW AVE.	i		SARASOTA FL. 342	232
CITY-ST-ZIP	SARASOTA FL 34232	DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TTLE	•	C) DECEIE	2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS	·		2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	, f	Change C Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	المهاد المراد ا	<u> </u>	3.4: CITY-ST-ZIP *		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
! !			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 C/TY-ST-ZIP		,
CITY-ST-ZIP			0.4 (7) 1-31-ZIP		i

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: