2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000034530** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name ADVANCED CHEMICAL ENGINEERING SYSTEMS, INC. 04-24-2000 90085 003 ***150.00 Principal Place of Business Mailing Address 1605 ROCKDALE LOOP 1605 ROCKDALE LOOP HEATHROW FL 32746-5332 HEATHROW FL 32746 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3324375 Not Applicable Country \$8.75 Additional Zip 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 HARRIS, MARSHALL S Street Address (P.O. Box Number is Not Acceptable) 255 SOUTH ORANGE AVENUE STE 800 ORLANDO FL 32801 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D TITLE ☐ Change Addition ☐ Delete TITLE PENG, PETER H NAME NAME STREET ADDRESS STREET ADDRESS 1605 RPOCKDALE LLOOP CITY-ST-ZIP CITY-ST-ZIP **HEATHROW FL** ■ Addition [7] Change Delete TITLE TITLE PENG, MARIA E NAME STREET ADDRESS 1605 ROCKDALE LOOP STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **HEATHROW FL** ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA ELISA D. PENG

4-17-00

(407) 829 6442

CR2E034 (9/99

Daytime Phone #