2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P95000034531** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name ULTRA CLEAN SERVICES, INC. 04-20-2000 90096 047 ***150.00 Principal Place of Business Mailing Address 312 E. NINE MILE ROAD. SUITE 11-161 312 E. NINE MILE ROAD, SUITE 11-161 PENSACOLA FL 32514-1439 PENSACOLA FL 32514 2. Principal Place of Business 3. Mailing Address <u>3158</u> 3158 (gat Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3310000 Not Applicable antonner Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARRON, JERRY Street Address (P.O. Box Number is Not Acceptable) 312 E. NINE MILE ROAD, SUITE 11-161 SUITE 11-181 PENSACOLA FL 32514 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 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 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 X Change ☐ Addition TITLE ☐ Delete BARRON, JERRY NAME NAME 3158 Gateway Lane Cantonment, FL 32533 STREET ADDRESS 10316 CHEMSTRAND ROAD STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE BARRON, DONA NAME NAME 3158 Gateway Lane Cantonment, Fl 3253 10316 CHEMSTRAND ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7(F PENSACOLA FL CITY-ST-ZIP ___ Addition Change TITLE Delete 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 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change 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 applemental eport 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 eceiver or trustee empowered to execute this report as equired 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. iddress, with all other like empowe

SIGNATURE