2001 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P9600001124 1. Entity Name ADVANCED CLEANING TECHNOLOGIES, INC., 04-10-2001 90024 038 ***150.00 Principal Place of Business Mailing Address P O BOX 10322 1575 AVIATION CTR #334A DAYTONA BCH FL 32120 DAYTONA BEACH FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country Zip Country Zip \$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 🔝 Name Grumer, Keith T Street Address (P.O. Box Number is Not Acceptable) ONE EAST BROWARD BLVD SUITE 1501 FT LAUDERDALE FL 33301 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ★ Addition REESE PEACOCK 1575 Aviation Center Parkway # 344 X Delete TITLE TITLE NAME CUBER, LISA NAME STREET ADDRESS STREET ADDRESS 1585 AVIATION CENTER PARKWAY #715 DAYTONA BEACH, FL. 32114 CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH FL 32114 **Change** ☐ Addition Delete TITLE TIT! F GRUMER, KEITH T. NAME NAME suite 1501 ONE EAST BROWARD BLVD/ SUITE 3795 / 501 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33301 - Change ☐ Addition« دخانت سو دخوا در د**0** -TITLE =TITLE & ~ NAME AZOR, JORGE E. NAME STREET ADDRESS STREET ADDRESS 90 NW 137TH AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33182** VICE PARSIDAN Change ☐ Addition ☐ Delete TITLE Ricky L. PEACOCK NAME NAME 1575 Ruintion Center PARKWAY #944 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-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 truetee empowered is 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 of the all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

386-761-2993

Daytime Phone #

FILED