FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P96000040324** CREATIVE WATER CONCEPTS, INCORPORATED 04-30-2001 90439 010 ***150.00 Principal Place of Business Mailing Address 4053-1 ST AUGUSTINE RD PO BOX 47347 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 C0056336 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3439883 Not Applicable Zip-Country. -Country---\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCANN, RICHARD E JR Street Address (P.O. Box Number is Not Acceptable) 1808 STANFORD RD JACKSONVILLE FL 32209 City 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 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, 2001 Fee will be \$550.00 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. TITLE PTSC ☐ Delete CR2E034 (10/00 MCCANN BETHANNE MCCANN, RICHARD E JR NAME NAME 1808 STANFORD RA. STREET ADDRESS STREET ADDRESS 1808 STANFORD ROAD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 TACKSONVILLE _ 32207 TITLE ☐ Delete TITLE Change Addition NAME MCCANN, SALLY NAME STREET ADDRESS STREET ADDRESS 2724 ALVERADO AVE CITY-ST-ZIP~ CITY-ST-ZIP JACKSONVILLE FL 32217 TITLE ☐ Delete ☐ Addition MCCANN, RICHARD E NAME NAME STREET ADDRESS STREET ADDRESS 2724 ALVERADO AVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32217 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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: MELLE LY LICE RICHARD E. M. CANN J. 4-25-01 904 296-60, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Process