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FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90004 018 ***158.75

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000026923

1. Corporation Name

H2O TWO THOUSAND, INC.



Principal Place of Business

1432 COURT ST
CLEARWATER FL 33756
US

Mailing Address

1432 COURT ST
CLEARWATER FL 33756
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1997

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3463606

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MONTE, ROBERT
1432 COURT ST
CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 State 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KLEIN, DENNIS J
1729 CYPRUS AVE
CLEARWATER FL 34630

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KLEIN, HAROLD A
1220 MADISON AVE, SUITE #7
TOLEDO OH 43624

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POLING, EDWARD L
2283 FULTON ST
TOLEDO OH 43620

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ASTRAB, JOHN
3000 ARBOR OAKS DR
TARPOON SPRINGS FL 34689

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DOMINICI, PETER
13110 WATERFORD RUN DR
RIVERVIEW FL 33569

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Monte, Robert
1432 Court Street
Clearwater, FL 33756

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Director
Monte, Robert
1432 Court Street
Clearwater, FL 33756

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 813-449-2243

CR2E034 (11/98)