FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 17, 2001 8:00 am Secretary of State DOCUMENT # P9700062903 MOUNTAIN PEAK WATER TREATMENT, INC. 01-17-2001 90087 013 ***150.00 Mailing Address Principal Place of Business 16310-4 US HWY 19 16310-4 US HWY 19 ~~~~~ HUDSON FL 34667 HUDSON FL 34667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. EEL Number 59-3460346 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEWAR, RANDY Street Address (P.O. Box Number is Not Acceptable) 4384 5TH ISLE SPRING HILL FL 34607 Zip Code City F۱ 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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. 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 12. 11. CR2E034 (10/00) ☐ Addition TITLE Change TITLE ☐ Detete DEWAR RANDY 4384 5th. Isle DEWER, RANDY NAME NAME STREET ADDRESS 7631 LIMINGTON DR STREET ADDRESS PORT RICHEY FL 34667 CITY-ST-ZIP SPRINGHILL, FL 34607 CITY-ST-ZIE ☐ Addition ☐ Delete Change TITLE TITLE CARTIER, ROBERT CARTLER, ROBERT NAME NAME 12104 TOPAZ ST. STREET ADDRESS 12104 TOPAZ ST STREET ADDRESS SPRINGHILL FL 34609 CITY-ST-ZIP SPRINGHILL, FL 34608 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change CARTIER, ROBERT CARTIER ROBERT NAME NAME 12104 TOPAZ ST STREET ADDRESS 16310 US HWY 19 STREET ADDRESS CITY-ST-ZIP Springhill. FL 34608 CITY-ST-ZIP **HUSDSON FL 34667** ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

SIGNATURE: RONAL DEWAR PRES. 01/08/01 (727) 868-0406