2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000046162 Jan 28, 2000 8:00 am 1. Entity Name ARTIC WATER, INC. **Secretary of State** 01-28-2000 90161 009 ***150.00 Mailing Address Principal Place of Business 3475 AVIATION BLVD 3475 AVIATION BLVD VERO BEACH FL 32960 VERO BEACH FL 32960-1913 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0825328 - Not Applicable Country \$8.75 Additional - : Zio ~ -Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHWEITZER, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 1040 BAYVIEW DR. #320 FORT LAUDERDALE FL 33304-2542 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. 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition ☐ Delete TITLE MCILVAIN. DANIEL R NAME NAME 3475 AVIATION BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE BASSETT, EDWARD S NAME 3475 AVIATION BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL-32960 CITY-ST-ZIP-C Change ☐ Addition Delete TITLE NAME NAME 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-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 DAMIER POPULATIONEL RM-ILVAIN/24-200561569518