2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000079330 Sep 12, 2000 8:00 am Secretary of State 1. Entity Name AQUA ABS, INC. 09-12-2000 90011 024 ***550.00 Principal Place of Business Mailing Address 6530-1 CAPE HATTERAS WAY NE 6530-1 CAPE HATTERAS WAY NE ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address 3773 CENTRAL AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE CO10 Applied For City & State 4. FEI Number City & State APPLIED FOR Not Applicable 59-3666478 ST PETERSBURG Country \$8.75 Additional Zip 5. Certificate of Status Desired Eee Required ____ <u>33713</u>-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jack M Winebrenner BERGER, TODD Street Address (P.O. Box Number is Not Acceptable) -810 63 AVE N 3773-Central-Ave ST PETERSBURG FL 33702 St Petersburg FL Zip Code 33713 St Petersburg 8. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. J M Winebrenner apolicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PSTD Correct □ Change ☐ Addition TITLE ☐ Delete TITI F TELLONE. RICHARD NAME NAME 6530 Cape Hatteras Way NE 6530 CAPE NATIERS WAY NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE ST PETERSBURG FL 33702 CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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 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

727/327-1256

SIGNATURE: