`2001 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2001 8:00 am Secretary of State DOCUMENT # P98000082082 1. Entity Name EMERALD COAST WATER, INC. 05-11-2001 90462 001 ***150.00 Principal Place of Business Mailing Address 628 LOVEJOY ROAD. #2 POST OFFICE BOX 2260 CHAD LEMMS FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3535225 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CURTIS, JEFFREY P Street Address (P.O. Box Number is Not Acceptable) 628 LOVEJOY ROAD, #2 FORT WALTON BEACH FL 32548 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Delete TITLE Change ☐ Addition TITLE CURTIS. JEFFREY P NAME MAME STREET ADDRESS STREET ADDRESS 628 LOVEJOY ROAD, #2 CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32548 Addition TITLE Change □ Delete TITLE NAME NAME RUSHING, JOHN R STREET ADDRESS STREET ADDRESS 628 LOVEJOY ROAD, #2 CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32548 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME FISHER, RONALD G STREET ADDRESS STREET ADDRESS 628 LOVEJOY ROAD, #2 CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☐ Change ☐ Addition ☐ Detete TITLE TITLE S/T NAME NAME CONNART, DAVID STREET ADDRESS STREET ADDRESS 628 LOVEJOY ROAD, #2 CITY-\$T-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☐ Delete TITLE Change ☐ Addition TITLE

13. I hereby certify that the information supplied with this filing does not qualify of 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address, with all other like empo

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TED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date Daytime Phone #

W

Change

☐ Addition