2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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FILED DOCUMENT # P98000091806 Jan 20, 2000 8:00 am 1. Entity Name ALL FLORIDA COFFEE AND WATER SERVICE, INC. **Secretary of State** 01-20-2000 90139 031 ***158.75 Mailing Address Principal Place of Business 6055 TECHNOLOGY DRIVE. WEST 6055 TECHNOLOGY DRIVE. WEST MELBOURNE FL 32904-1518 MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State | bourne Applied For City & State 4. FEI Number 59-3539988 Melbourne Not Applicable \$8.75 Additional 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 UPTON, JEFFERSON Street Address (P.O. Box Number is Not Acceptable) 800 E. PALMETTO AVENUE **MELBOURNE FL 32901** Melbourne 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 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete TITLE UPTON, JEFFERSON NAME NAME 6055 Technology DR W. Melborne FL 3 STREET ADDRESS STREET ADDRESS 800 E. PALMETTO AVENUE CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 Addition Addition TITLE ☐ Delete TITLE UPTON, SHELLEY NAME r Technology Melbourne FC NAME STREET ADDRESS STREET ADDRESS 800 E. PALMETTO AVENUE 32404 CITY-ST-7IP CITY-ST-ZIP MELBOURNE FL 32901. ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE 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 ☐ Change Addition ☐ Delete 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 changed, or on an attachment with an address with all other like empowered.