2000 UNIFORM BUSINESS REPORT (UBR)

changed, or or an attachi

SIGNATURE

FILED Mar 16, 2000 8:00 am Secretary of State DOCUMENT # P9900000197 1. Entity Name CLEARWATER ENGINEERING, INC. 03-16-2000 90084 005 ***158.75 Principal Place of Business Mailing Address 5419 DAHLGREN 5419 DAHLGREN NEW PORT RICHEY FL 34652-3104 NEW PORT RICHEY FL 34652 2. Principal Place of Business 3. Mailing Address <u>241 114TH TELRACE</u> DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 19232 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'CONNOR, PATRICK M Street Address (P.O. Box Number is Not Acceptable) %2240 BELLAIR ROAD STE. 160 **CLEARWATER FL 33764** Zip Code City 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 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 D Delete TITLE Change ☐ Addition TITLE PRATT, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 5419 DAHLGREN CITY-ST-ZIF CITY-ST-ZIP **NEW PORT RICHEY FL 34652** ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port 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 see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ddress, with all other like empowered. 13. I hereby certify that the information supplied indicated on this report or supplies to the supplier of the of the corporation or the rece

3/13/00

573-2210

Daytime Phone #

(727)

Date

David Pratt

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR