2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2001 8:00 am Secretary of State DOCUMENT # **P99000000197** CLEARWATER ENGINEERING, INC. 2-28-2001 90013 030 ***158.75 Principal Place of Business Mailing Address 4241 -114TH TERR 4241 -114TH TERR CLEARWATER FL 33762 CLEARWATER FL 33762 2. Principal Place of Business 7241 114 TH TERLACE NORTH 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3549232 CLEARWATE Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired SAME 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 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) 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 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) TITLE ☐ Delete TITLE NAME PRATT, DAVID NAME 4241 114TH TERRACE NORTH STREET ADDRESS STREET ADDRESS 13512 FEATHER SOUND CIR W. #1401 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with his 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 teger 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 of the corporation or the receiver of the corporation of the corporation of the corporation of the receiver of the rec changed, or on an attachment s, with all other like empowered

DAVID

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: