2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT #** P99000011496, May 05, 2000 8:00 am Secretary of State San-Tech Chemical, Inc. 05-05-2000 90110 028 ***150.00 Principal Place of Business Mailing Address 7512 B McElvey Lane 7512 B McElvey Lane Panama City Beach, FL 32407 Panama City Beach, FL 32407 727451 2. Principal Place of Business 3. Mailing Address P.O. Box 878 705 Everitt Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number <u>Panama City, FL</u> Panama City, FL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32401 32402 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOPKA, ALBERT J !!! Street Address (P.O. Box Number is Not Acceptable) 108 MOSLEY DRIVE LYNN HAVEN FL 32444 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Title XX Addition ☐ Change NAME NAME 1 Cecil Sanford STREET ADDRESS STREET ADDRESS 1813B Beck Avenue Panama City, FL 32405 CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete VP,S,T Change Addition NAME NAME Bethany Barnett 1813 B Beck Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-7IP Panama Citu, FL 3210 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP f 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ethany Barnet, VP 4/26/00