2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P990000 16132 May 13, 2000 8:00 am 1. Entity Name Secretary of State Aqualizer, Inc. 05-13-2000 90049 016 ***150.00 Principal Place of Business Mailing Address 2455 E Sunrise Blvd, 🗀 2455 E Sunrise Blvd, Suite #309 Suite #309 Ft. Lauderdale, FL 33304 Ft. Lauderdale, FL 33304 2. Principal Place of Business 3. Mailing Address 2133 N. Dixie Hwy 2133 N. Dixie Hwy Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number X Applied For Ft. Lauderdale, FL Ft. Lauderdale, FL Not Applicable Zip Country Żiρ Country \$8.75 Additional 33305 5. Certificate of Status Desired USA 33305 USA . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Frank Hughes 2133 N. Dixie Hwy Street Address (P.O. Box Number is Not Acceptable) Ft. Lauderdale, FL 33305 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 Frank Hughes 04/25/00 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 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME Ellis, William NAME 2133 N. Dixie Hwy STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ft. Lauderdale, FL 33305 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME Hughes, Frank NAME STREET ADDRESS 2133 N. Dixie Hwy STREET ADDRESS <u>Ft. Lauderdale, FL</u> 33305 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Carruthers, David NAME STREET ADDRESS STREET ADDRESS 2133 N. Dixie Hwy CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, FL 33305 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME SINCE LAURINGS STREET ADDRESS ST ZIP CITY-ST-ZIP i.5. I 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.

Frank Hughes

(954)565-6148

Daytime Phone #

04/25/00

Mone

SIGNATURE AND TYPEOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR