2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P9900031907 1. Entity Name | | | | | FILED Apr 17, 2000 8:00 am | | | |
|--|---|--|--|----------------|--|---------------------|----------------------------|--|
| SEWER SHIELD INCORPORATED | | | | | Apr 17, 2000 8:00 am Secretary of State | | | |
| Principal Place | e of Business | Mailing Address | | | | | | |
| 701 VIA BELLE 701 VIA WINTER PARK FL 32792 WINTER | | 701 VIA BELLE WINTER PARK FL 32789-2717 | 1 VIA BELLE NTER PARK EL 32789-2717 | | | | | |
| | | | | | | | | |
| • | ace of Business | 3. Mailing Address | Mailing Address | | | | | |
| 110 ATLANTIC 1)Ω. 110 ATLANT Suite, Apt. #, etc. Suite, Apt. #, etc. | | | <u> </u> | • | DO NOT WRITE IN TH | IIS SPACE | | |
| SUITE | | 100 | ···- | | CCIAL (| LIAD | plied For | |
| City & State | · | City & State MAITLAND FL | | | . FEI Number 59 -3590302 | | t Applicable | |
| Zip | Country | Zip | Country | | Certificate of Status Desired | \$8.75 Add | | |
| 3275 | 6. Name and Address of Current F | 3275 | - | 7. | Name and Address of New Registers | Fee Required | <u> </u> | |
|) | | | Name | | | | | |
| PRATT, JAMES R 369 N. NEW YORK AVE., 3RD FLOOR | | | | ddress (P.O. | dress (P.O. Box Number is Not Acceptable) | | | |
| 1 | ER PARK FL 32789 | | - | | | | - | |
| | | | 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. | | | | | | | | |
| We had above married driftly additional feel and purpose of drivinging the regional of regional addition of both, or both, in the dutte of Feel additional feel and the feel additional feel additional feel and the feel additional feel and the feel additional feel additional feel additional feel and the feel additional feel add | | | | | | | | |
| 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 Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta | | | | 550.00 | 10. Election Campaign Financing Trust Fund Contribution. | | 0 May Be to Fees | |
| 11. | OFFICERS AND I | | 12. | | ADDITIONS/CHANGES TO OFFICERS A | AND DIRECTORS | 3 IN 11 | |
| TITLE | D | Delete | TITLE | 72- | 1. Mckinnon | C Change | Addition | |
| NAME STREET ADDRESS | MCKINNON, JOEL 701 VIA BELL R A | | NAME Street Address | 70LV | VIA BELLA | | | |
| CITY-ST-ZIP | WINTER PARK FL 32782 327 | 789 | CITY-ST-ZIP | | NPMIK FL = 3279 | 3 9 | | |
| TITLE NAME | D MCKINNON, GENEAN | Delete | TITLE NAME | 1 | • | Change | ☐ Addition | |
| STREET ADDRESS | 701 VIA BELLE A | _ | STREET ADDRESS | 701 V | FAI MY LINNON (IA BELLA EN PARK, EL 3278 | | | |
| CITY-ST-ZIP | WINTER PARK FL 32792 32 | 789 | CITY-ST-ZIP | THIN | ETL PARK, EL 3278 | | Addition | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | Change | Audition | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP _ | 5 C W T | | CITY-ST-ZIP | | | ☐ Change | Addition | |
| TITLE NAME | | ☐ Delete | NAME | | | Shange | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | ☐ Delete | CITY-ST-ZIP | - | | Change | Addition | |
| TITLE NAME | | □ Delete | NAME | | | ongo | <u> </u> | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | | □ Delete | CITY-ST-ZIP | <u> </u> | | ☐ Change | Addition | |
| NAME | | L Delete | NAME | | | □ ournigo | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | ertify that the information supplied with | this filing does not qualify for th | CITY-ST-ZIP | ted in Section | on 119.07(3)(j), Florida Statutes, I further | certify that the in | | |
| 13. 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 any address, with all other like empowered. | | | | | | | | |

SIGNATURE: SIGNATURE: SIGNATURE OF JURIE REQUIRED FEBIL, 2000 407-830-448