2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # \$47746** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name CES INTERNATIONAL, INC. 04-21-2000 90141 039 ***150.00 Mailing Address Principal Place of Business 5905 JOHN ROAD 5905 JOHNS RD TAMPA FL 33634 TAMPA FL 33634-4452 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3075195 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRUNETTE, THOMAS D Street Address (P.O. Box Number is Not Acceptable) 906 SYMPHONY BEACH LN APOLLO BEACH FL 33572 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. D/CEO Chief Financial Officer □ Change TITLE ☐ Delete TITLE BRUNETTE, THOMAS D NAME NAME Alfred Brunette, Jr. STREET ADDRESS STREET ADDRESS 906 SYMPHONY BEACH LANE 29521 Allegro Drive CITY-ST-ZIP CITY-ST-ZIP APOLLO BEACH FL 33572 Wesley Chapel, FL 33543-6725 **D** / COO ☐ Change ☐ Addition Delete TITLE Secretary TITLE REID, DAVID W. NAME NAME Roger C. Mock 5905 JOHNS RD STREET ADDRESS STREET ADDRESS 3214 Fairway Run CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Tampa, FL-33624 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 receive for trustee empoyered 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, which all other like empowered.

SIGNATURE:

Al fed Brunette, Jr.

02/08/00

(813) 249-3399

Date

Daytime Phone #

CH2E034 (9/99)