2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # V12955** Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** ADVANCED SYSTEMS STEAM CO., INC. 01-27-2000 90093 048 ***150.00 Mailing Address Principal Place of Business 6762 HARBOUR BLVD. 6762 HARBOUR BLVD. PANAMA CITY BEACH FL 32407-5562 PANAMA CITY BEACH FL 32407 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3104766 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WIEDENMANN, DAVID P. Street Address (P.O. Box Number is Not Acceptable) 6762 HARBOUR BLVD PANAMA CITY BEACH FL 32407 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. t signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Change ☐ Delete TITLE WIEDENMANN, DAVID P NAME NAME STREET ADDRESS STREET ADDRESS 6762 HARBOUR BLVD. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL ☐ Change Addition Delete TITLE NAME HURLEY, JANICE NAME STREET ADDRESS STREET ADDRESS 6762 HARBOUR BLVD CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Change Addition TITLE Delete WEIDENMANN, DENISE L MAME. STREET ADDRESS STREET ADDRESS 6762 HARBOUR BLVD CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED

DECTOR TECTOR

01-23-7000

230-931

Daytime Phone #