2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Sep 12, 2001 8:00 am Secretary of State J74030 DOCUMENT # 1. Entity Name 09-12-2001 90012 001 ***550 00 CYANOSTAR ENERGY, INC. Principal Place of Business Mailing Address 427 SOUTH BOSTON, #1703 312 EIGHTH AVENUE SOUTH **TULSA OK 74103** NAPLES FL 33940 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0127115 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARMAKER, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 312 EIGHTH AVENUE SOUTH NAPLES FL 33940 Zip Code City FI 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 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 11. Addition ☐ Delete TITLE Change TITLE NAME GARMAKER, RICHARD E NAME STREET ADDRESS 312 EIGHTH AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME garmaker, stuart j STREET ADDRESS STREET ADDRESS 427 S BOSTON S-1703 CITY-ST-ZIP CITY-ST-7IP TUSLA OK 74103 ☐ Addition® Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITHE 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 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