2000 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2000 8:00 am **DOCUMENT # F60674** Secretary of State 02-26-2000 90032 041 ***150 00 ELECTRONIC/FASTENERS, INC. Mailing Address Principal Place of Business 801 CORNWALL ROAD 801 CORNWALL ROAD 814160 SANFORD FL 32773-5895 SANFORD FL 32773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2254255 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KANTOR, HAL H. Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE ORLANDO FL 32802 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change MASON, SUSAN Addition □ Delete TITLE MASON, SUSAN NAME NAME 801 CORNWALL RD STREET ADDRESS 220 COASTLINE RD. STREET ADDRESS SANFORD FL 32773 CITY-ST-ZIP SANFORD FL 32771 CITY-ST-ZIP MASON, WAYNE 801 CORNWALL RD PSD 😾 Change ☐ Addition TITLE ☐ Delete TITLE MASON, WAYNE NAME NAME STREET ADDRESS STREET ADDRESS 220-COASTLINE RD. SANFORD, FL 32773 CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 ☐ Addition Delete TITLE Change TITLE NAME -- --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ 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

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

MASOSAN

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MASON

FILED