2002 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2002 8:00 am Secretary of State H92727 DOCUMENT # 1. Entity Name AIM-ALLOY WELDING, INC. 02-27-2002 90043 014 ***150.00 Principal Place of Business Mailing Address 3939 SW 12 COURT 3939 SW 12 COURT FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 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 59-2674375 Not Applicable Country Zip____ Country \$8.75. Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CROWDER, JACK L. Street Address (P.O. Box Number is Not Acceptable) 1841 S.W. 42ND AVE. FT. LAUDERDALE FL 33317 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) 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, 2002 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 11 OFFICERS AND DIRECTORS ☐ Addition CR2E034 (9/01) TITLE 🗹 Delete TITLE CROWDER, JACK L. NAME NAME STREET ADDRESS 1841 S.W. 42ND AVE. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP CROWDER, JAMIE SANDRA M Change ☐ Delete TITLE 5347 NAME CROWDER, JAMIE SANDRA 184/5.W.42 AUE. STREET ADDRESS 1841 S.W. 42ND AVE. STREET ADDRESS FT. LAUDERDALE, FL. CROWDER, WM. SCOTT CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete TITLE TITLE 1571 RIVERLAND RD. NAME NAME STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

changed, or on an attachment with an address, with all other like empowered

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FILED