# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 28, 2003 8:00 am**
**Secretary of State**
04-28-2003 90136 016 ***150.00

038179B AV

DOCUMENT # P01000096460

1. Entity Name
COMPOSITE COMPONENTS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~745 U.S. HIGHWAY ONE~~ | 745 U.S. HIGHWAY ONE |
| ~~SUITE 305~~ | SUITE 305 |
| NORTH PALM BEACH FL 33408 | NORTH PALM BEACH FL 33408 |

☑ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 420 EBB TIDE | P.O. BOX 14295 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: N. Palm Beach, FL | City & State: N. Palm Beach FL |
| Zip: 33408 Country: Palm Beach | Zip: 33408 Country: Palm Beach |

4. FEI Number 65-1146119 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. ~~Name and Address of New Registered Agent~~ |
|---|---|
| WINTERS, KURT N<br>745 U.S. HIGHWAY ONE<br>SUITE 305<br>NORTH PALM BEACH FL 33408 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kurt N. Winters, President DATE
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**
**After May 1, 2003 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WINTERS, KURT N<br>745 U.S. HIGHWAY ONE, SUITE 305<br>NORTH PALM BEACH FL 33408 | ☐ Delete | VICE PRES<br>STEVE SHANNON<br>420 EBB TIDE<br>N. Palm Beach, FL 33408 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SMOOT, CHRIS<br>745 U.S. HIGHWAY ONE, SUITE 305<br>NORTH PALM BEACH FL 33408 | ☑ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~SHANNON, STEVE~~<br>~~420 EBB TIDE~~<br>~~N. Palm Beach FL 33408~~ | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 4/24/03 561-841-3478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #