LUNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 19, 2003 8:00 am Secretary of State P01000116016 DOCUMENT # 1. Entity Name ROCK SOLID ELECTRIC, INC. 05-19-2003 90226 026 ***150.00 Principal Place of Business Mailing Address 16355 VANDERBILT DR., #104 16355 VANDERBILT DR.: #104 **BONITA SPRINGS FL 34134** BONITA SPRINGS FL 34134 3. Mailing Address Principal Place of Business BLUO 13965 BLVD 13965 COLLIER Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-1156974 *APLES* VAPLE S Not Applicable \$8.75 Additional Ζip 5. Certificate of Status Desired Fee Required 34119 34119 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WIEDER, ED Street Address (P.O. Box Number is Not Acceptable) 325 N KROME AVE. HOMESTEAD FL 33030 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 (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 Tax illing requirement and elects to do.so. Trust Fund Contribution: Added to Fees Make Check Payable to Department of States (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. M Change Addition TITLE Delete TITLE SOBEL, RAYMOND NAME NAME COLLIER BLUD 6674 HUNTLEY LN. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP NAPLES FL 33942 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Oelete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 employered to accurate and that my signature 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

Daytime Phone #