2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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Feb 05, 2001 8:00 am Secretary of State DOCUMENT # **P9400038068** 1. Entity Name 3-D MACHINING, INC. 02-05-2001 90020 044 ***150.00 Mailing Address Principal Place of Business 1006 W 15 STREET 1006 W 15 STREET RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0488602 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIS, JAMES E Street Address (P.O. Box Number is Not Acceptable) 13188 FLAMINGO TERRACE PALM BEACH GARDENS FL 33410 Zip Code City 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 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 **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 Change TITLE TITLE ☐ Delete NAME DAVIS, JAMES E NAME STREET ADDRESS STREET ADDRESS 13188 FLAMINGO TERR CITY-ST-ZIP CITY-ST-7/P PALM BEACH GARDENS FL 33410 ☐ Addition DAVIS, JAMES E. JR. 200 EGANFUSKEE ST. TITLE Delete TITLE NAME NAME DAVIS, JAMES E JR STREET ADDRESS STREET ADDRESS 3100 BIRKDALE JUPITEL FL 33477 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33332 Addition □ Delete TITLE TITLE DAVIS, JOSEAH H NAME NAME DAVIS, JOSEPH H 18723 RID VISTA DR STREET ADDRESS STREET ADORESS 2884 BIRKDALE CITY-ST-ZIP TEQUESTA, FL 33469 CITY-ST-ZIP FT LAUDERDALE FL 33332 Change ☐ Addition ☐ Delete TITLE 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 CITY-ST-7IP [] Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

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.

FILED