2001 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2001 8:00 am DOCUMENT # P96000066355 Secretary of State SUNCOAST ENGINEERING INC. 05-11-2001 90115 015 ***150.00 Principal Place of Business Mailing Address 171 KIRKUAND DR. 171 KIRKLAND DR. NAPLES-FL 34110 NAPLES FL 34110 ÜŜ US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3398458 Not Applicable \$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 RODRIGUEZ, THOMAS JR. -513 104th Ave N. Street Address (P.O. Box Number is Not Acceptable) -140 LOGAN BLVD.-NAPles, FL 34108 NAPLES FL 34119 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. (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 filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition RODRIGUEZ JR. THOMAS NAME NAME 513 104 th AUC NO 171 KIRKLAND - DR -STREET ADDRESS STREET ADDRESS NADJes FC 34108 CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition RODRIGUEZ, PATRICIA L NAME NAME 573 104th AVEN NAMES FL 34/08 STREET ADDRESS -171KIRKLAND--DR-STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL-34110 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete DITE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 amplowed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation or the receiver or trustee emchanged, or on an attachment with an address

SIGNATURE:

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Daytime Phone #