2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P9700085720 1. Entity Name EB AIRFOILS, INC. 05-02-2001 90119 044 ***150.00 Principal Place of Business Mailing Address 4341 SW PORT WAY 4349 SW PORT WAY PALM CITY FL 34990 PALM CITY FL 34990 HS US 3. Mailing Address 2. Principal Place of Business 4349 SW PORT WAY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0790273 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent والمحاشين وفاقي يوارا المدار Street Address (P.O. Box Number is Not Acceptable) COBER CORPORATE AGENTS, INC. 2601 S BAYSHORE DR. 19TH FLOOR **MIAMI FL 33133** 50176 202 VART 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. MARK BRECHBILL, CPA (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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition PD TITLE Change ☐ Delete NAME BICKEL, JAMES B NAME STREET ADDRESS STREET ADDRESS 13078 COASTAL CIRCLE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Addition X Change VSTD Delete TITLE TITLE BICKEL, MATTHEW M NAME NAME STREET ADDRESS STREET ADDRESS 13096 COASTAL CIRCLE CITY-ST-ZIP CITY-ST-ZIE PALM BEACH GARDENS FL 33410 ☐ Change Addition **⊠** Delete TITLE TITLE BICKEL JAMES S NAME NAME: " STREET ADDRESS STREET ADDRESS 13018 FLAMINGO TERRACE CITY-ST-7tP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7!P Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 attachinent with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

MATTHEW BICKEL, SEC 4/25/0, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF