FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 18, 2001 8:00 am Secretary of State DOCUMENT # P98000057614 1. Entity Name COX INDUSTRIAL RESOURCES, INC. 01-18-2001 90008 041 ***150.00 Principal Place of Business Mailing Address 2133 W. MCNAB RD 2133 W. MCNAB RD POMPANO BCH FL 33069 POMPANO BCH FL 33069 603785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0850956 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. Name and Address of New Registered Agent CLYDE COX, CLYDE' Street Address (P.O. Box Number is Not Acceptable) 2133 W. MCNAB RD POMPANO BCH FL 33069 City 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 CLYDE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 3R2E034 (10/00) TITLE Delete TITLE Addition NAME COX, CLYDE NAME STREET ADDRESS STREET ADDRESS 2133 W. MCNAB RD CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL 33069 UP/D Addition TITLE ☐ Delete TITLE NAME NAME A. ELAYNE COX STREET ADDRESS STREET ADDRESS 2133 W. MENAB RD CITY-ST-ZIP CITY-ST-ZIP F1 33069 - Change - Addition TITLE "Delete" TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VP-OPERATIONS Addition TITLE ☐ Delete TITLE ☐ Change VANESSA COX-BOOKOUT 2133 W. MCNAB RD NAME NAME STREET ADDRESS STREET ADDRESS Pompano Best, PL 33069 CITY-ST-ZIP CITY-ST-7IP 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 CITY-ST-7IP 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 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