20 0 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the changed, or on an attack

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

DOCUMENT # 192285 Jan 28, 2000 8:00 am Secretary of State 1. Entity Name RUSSELL ENGINEERING, INC. 01-28-2000 90123 020 ***150.00 Principal Place of Business Mailing Address 2530 S.W. 36TH STREET 2530 S.W. 36TH STREET FT. LAUDERDALE FL 33312-5035 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-0767981 Not Applicable Zip Zip Country Country \$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-RUSSELL, GEORGE L. SR. Street Address (P.O. Box Number is Not Acceptable) 15438 SW 31ST ST DAVIE FL 33331 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE RUSSELL, GEORGE L. SR NAME NAME 15438 SW 31ST ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL ☐ Addition ۷D ☐ Change Defete TITLE AKINS, RONALD E. NAME 11801 NW 15TH COURT STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE RUSSELL, KAREN S NAME 15438 SW 31ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP DAVIE FL CITY-ST-ZIP ☐ Delete ☐ Change Addition 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-71P ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P oplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fall port 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 usine empowered be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if oddress, with all other like empowered. I hereby certify that the information indicated on this report of supplementary