## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 30, 2000 8:00 am Secretary of State DOCUMENT # 375804 1. Entity Name AMPCO ELECTRIC, INC. 05-30-2000 90009 001 \*\*\*158.75 Principal Place of Business Mailing Address 3949 SW 12 COURT 3949 SW 12 COURT FT. LAUDERDALE LF 33312-3452 FT. LAUDERDALE FL 33312 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1313398 Not Applicable 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 Name KATULKA, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 3949 SW 12 CT FORT LAUDERDALE FL 33312 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 12. 11. ☐ Change Addition ☐ Delete TITLE KATULKA, MICHAEL A NAME 3949 SW 12TH ST. STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Delete Change Addition TITLE KATULKA, SANDRA NAME NAME 3949 SW 12TH ST. STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE KATULKA, CHARLES NAME NAME **3411 SW 13TH COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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.

NAME

TITLE

□ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITI E NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

☐ Change

Addition