2003 FOR PROFIT CORPORATION

FILED May 12, 2003 8:00 am § UNIFORM BUSINESS REPORT (UBR) Secretary of State DOCUMENT # 434588 05-12-2003 90225 049 ***550.00 1. Entity Name TUBETEC, INC. Principal Place of Business Mailing Address 301 BROWN AVENUE 301 BROWN AVENUE SANFORD FL 32771 SANFORD FL 32771 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1510696 Not Applicable Zip Country Zip 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 Name STASER, MONICA Street Address (P.O. Box Number is Not Acceptable) 27910 CR 42 PAISLEY FL 32767 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME REID, CHARLES L NAME STREET ADDRESS 826 SOUTH MCDUFFIE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ANDERSON SC 29624 TITLE Delete TITLE ☐ Change Addition STVP NAME NAME REID, CARL E STREET ADDRESS 29 CHESTNUT RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INMAN SC 29349 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME

12. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-7/P

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP