FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # 668820** FLORIDA INDUSTRIAL BATTERY, INC. 2-28-2001 90083 047 ***150.00 Principal Place of Business Mailing Address 2725 W BEAVER ST 2725 W. BEAVER ST. JACKSONVILLE FL 32254 P. O. BOX 37137 JACKSONVILLE FL 32236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1984199 Not Applicable Country Zip Country Zip \$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 WESTLING, DALE G. Street Address (P.O. Box Number is Not Acceptable) 220 E. FORSYTH ST. Union JACKSONVILLE FL 32202 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE Delete TITLE ☐ Change ☐ Addition NAME TOMPKINS, BRENDA Y STREET ADDRESS STREET ADDRESS 10620 SCOTTSDALE COURT CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32222 ☐ Change Addition 3JTIT ☐ Delete TITLE TOMPKINS, ROBERT C NAME MAME STREET ADDRESS STREET ADDRESS 3533 ACACIA ST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32254 TITLE Delete TITLE Change ☐ Addition TOMPKINS, GILES F JR NAME NAME STREET ADDRESS STREET ADDRESS 10620 SCOTTSDALE COURT CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32222 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71F ☐ Delete Change Addition TITLE TITLE NAME 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 attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE

CITY-ST-7IP

STREET ADDRESS

CITY-ST-718

TITLE

Sienda 4 Jonskins

BRENDA

.Tompkins 2/23/01

(904) 384-23

☐ Addition

☐ Change