FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90761 033 ***158.75

DOCUMENT # 698581

1. Entity Name
INDIAN RIVER BOILER STEAM ENGINEERING, INC

DO NOT WRITE IN THIS SPACE

70026718

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
805 SULTAN AVE	SAME AS ABOVE
Suite, Apt. #, etc. -0-	Suite, Apt. #, etc. -0-
City & State OPA-LOCKA, FLA	City & State -0-
Zip 33054 Country MIAMI DADE	Zip -0- Country -0-

4. FEI Number 59-2135391 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name FRANCIS M CLARKE

Street Address (P.O. Box Number is Not Acceptable) 805 SULTAN AVE

City OPA-LOCKA FL Zip Code 33054

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 Francis M Clarke 03-06-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES/NEW V OWNERS 805 SULTAN AVE OPA-LOCKA, FL 33054
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CR2E034B (12/02)

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

SIGNATURE: Francis M Clarke 03-06-2003 (305) 687-4388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #