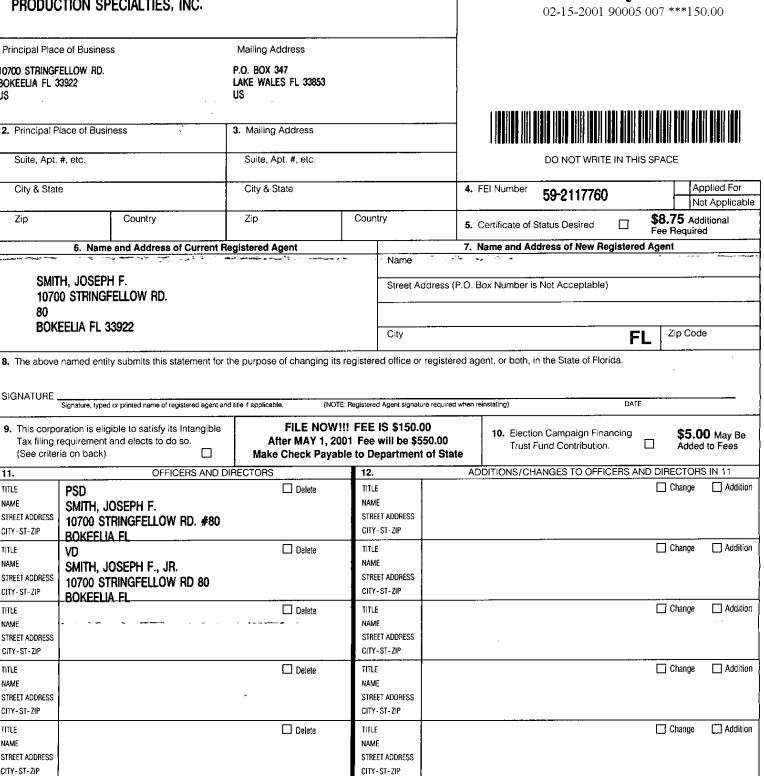
2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # F42677** 1. Entity Name PRODUCTION SPECIALTIES, INC. Mailing Address Principal Place of Business 10700 STRINGFELLOW RD. P.O. BOX 347 LAKE WALES FL 33853 **BOKEELIA FL 33922** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip 6. Name and Address of Current Registered Agent

FILED Feb 15, 2001 8:00 am Secretary of State



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.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

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12.

TITLE

NAME

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NAME STREET ADDRESS

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NAME

STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP

SMITH, JOSEPH F.

BOKEELIA FL 33922

80

SIGNATURE

11.

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

10700 STRINGFELLOW RD.

9. This corporation is eligible to satisfy its Intangible

SMITH, JOSEPH F.

SMITH, JOSEPH F., JR.

BOKFFLIA FL

BOKEELIA FL

10700 STRINGFELLOW RD. #80

10700 STRINGFELLOW RD 80

Tax filing requirement and elects to do so.

(See criteria on back)

PSD

٧D

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Change

☐ Addition