2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

FILED **DOCUMENT # F43237** Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** RHEINLANDER INSTRUMENT CORP. OF FLORIDA 03-01-2000 90071 013 ***150.00 Principal Place of Business Mailing Address 2601 INDUSTRIAL AVENUE THREE 2601 INDUSTRIAL AVENUE THREE FT PIERCE FL 34946 FT PIERCE FL 34946-8624 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 11-1973827 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 SNEED & MESSER, P.A. 700-VIRGINIA AVE., #104, SUN BANK BLDG: FT: PIERCE FL 33450 8. The above named entity supmits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Change ☐ Addition ☐ Delete TITLE BEIER, PETER NAME NAME 2601 INDUSTRIAL AVE #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. PIERCE FL CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE BEIER, TRACI L NAME 2601 INDUSTRIAL AVE 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. PIERCE FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete BEIER, CARL. NAME STREET ADDRESS 2601 INDUSTRIAL AVE 3 STREET ADDRESS FT. PIERCE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 eath; that I am an efficer 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