2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # F68395** 1. Entity Name CRONOS ENGINEERING, INC. 04-24-2001 90296 028 ***158.75 Principal Place of Business Mailing Address 3301 N. DIXIE HWY. 3301 N. DIXIE HWY. BOCA RATON FL 33431 **BOCA RATON FL 33431** 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 59-2186617 Not Applicable Zip Country 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 STAPLES, CHARLES W Street Address (P.O. Box Number is Not Acceptable) 3301 N. DIXIE HWY **BOCA RATON FL 33431** Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. PDT Addition ☐ Delete TITLE ☐ Change TITLE STAPLES, CHARLES E NAME NAME STREET ADDRESS 270 NW 36TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON, FL 00000** TITLE ☐ Delete Tr Change Addition **VSD** NAME NEWNHAM, FRANCES E NAME Newnham, Frances STREET ADDRESS 332 NE SURFSIDE AVE STREET ADDRESS 9360A SW 61st Way CITY-ST-ZIP PORT ST LUCIE FL CITY-ST-ZIP Boca-Raton, FL TITLE **-TITLE ☐ Change Addition Delete STAPLES, ROBERT EARL NAME NAME STREET ADDRESS 4217 WOODS END RD STREET ADDRESS City-ST-ZiP CITY-ST-ZIP **BOCA RATON FL** ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 feceiver 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, of on an attachment with an address, with all other like empowered.

SIGNATURE: TOU OF CONTROL FROM CES E NEW NAM 4/20/01 561-392-870