2001 UNIFORM BUSINESS REPORT (UBR)

Mar 15, 2001 8:00 am DOCUMENT # F9200000814 **Secretary of State** 1. Entity Name AFD INDUSTRIES, INC. 03-15-2001 90030 018 ***150.00 Principal Place of Business Mailing Address 5399 LAUBY ROAD 5399 LAUBY ROAD A STATE OF THE STA NORTH CANTON OH 44720 NORTH CANTON OH 44720 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 22-2589702 Not Applicable Zip Country Zip 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 JOE MICHAELS, GLOBAL WAREHOU Street Address (P.O. Box Number is Not Acceptable) 1103G N. 22ND STREET TAMPA INTERNATIONAL CENTER **TAMPA FL 33605** 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, 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DCP Chriman ☐ Defete TITLE Change : Addition THILE Gill, Robert. J. GILL, ROBERT J NAME NAME 5399 Leuby Road STREET ADDRESS STREET ADDRESS 5399 LAUBY ROAD CITY-ST-7IP CITY-ST-7IP NORTH CANTON OH 44720 North Centon DH President **VPS** Delete TITLE ☐ Change TITLE Addition Vinciqueire, Richard Er GILL, JACQUELINE NAME NAME 5399 LZUBY ROSE STREET ADDRESS STREET ADDRESS 5399 LAUBY ROAD CITY-ST-7IP CITY-ST-ZIP NORTH CANTON OH 44720 North Conton Oll 44720 VICE Presidente Change. Addition TITLE Delete TITLE -Gill, Jeffery C. 530A Lzuby Rd NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP North Conton, OH 44720 TITLE ☐ Delete TITI F Change ☐ Addition 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 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3- F-0/ 338-444-2800

Date Daytime Phone #