2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9400000587 Sep 11, 2000 8:00 am Secretary of State 1. Entity Name CAMTECH PRECISION MANUFACTURING, INC. 09-11-2000 90011 043 ***550.00 Principal Place of Business Mailing Address 140 INTRACOSTAL PT DR 140 INTRACOSTAL PT DR STE 211 STF 211 JUPITER FL 33477 JUPITER FL 33477 DATABAAAA 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 16-1449323 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 Name SAME - Weaver, Ronald J. WEAVER, RONALD J Street Address (P.O. Box Number is Not Acceptable) 7679 MISTY LAKE PLACE 5881 Whitetail Lane JUPITER FL 33458 Jupiter, FL 33458 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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. 12. Change Addition TITLE ☐ Delete TITLE WEAVER, RONALD J NAME NAME Weaver, Ronald J. 7679 MISTY LAKE PL. STREET ADDRESS STREET ADDRESS 5881 Whitetail Lane CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP Jupiter, PL 33458 XX Change ☐ Addition TITLE ☐ Delete TITLE WEAVER, JACQUELINE S NAME NAME Weaver, Jacqueline S. 7679 MISTY LAKE PL. STREET ADDRESS STREET ADDRESS 5881 Whitetail Lane CITY-ST-7iP CITY-ST-ZIP JUPITER FL 33458 Jupiter, FL 33458 Delete DITE ☐ 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 ☐ Delete ☐ Addition TITLE TITLE Change 3. 4, 3 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 receiver or trustee impowered 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 SIGNATURE:

Daytime Phone #