2000 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. Entity Name: Fluid Power of Florida, Inc. R

Principal Place of Business	Mailing Address
5500 Old Winter Garden Rd Orlando, Florida 32811	P.O. Box 616662 Orlando, Fl. 32861

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. # etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3515338 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
William C. Warner 3052 Bay Tree Dr. Orlando, Fl. 32806	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	William C Warner Pres. ☐ Delete 3052 Bay Tree Dr. Orlando, Fl. 32806	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ☐ Change ☑ Addition TRACY REEFER 3855 SHADOW WIND WAY GOTHA, FL 34734
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 8/18/00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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.

SIGNATURE: William C. Warner William C. Warner Pres. 7/25/00 407-298-5156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

081700

FLUID POWER OF FLORIDA

5500 OLD WINTER GARDEN RD.
ORLANDO FL. 32811

PH (407)298-5156
FAX (407)296-8649

The first notice we received of our annual uniform business report was on July 6. We never received the first notice in January so we had no idea that it had to be filed or any payments were due. As soon as we received the notice in July we contacted your office and sent the payment the next day. We are sorry for the inconvenience and want to clear this matter up as soon as possible.

Thank You,

Tracy Reefer

Tracy Reefer