2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2000 8:00 am Secretary of State DOCUMENT # F99000005221 1. Entity Name ROYAL EQUIPMENT INTERNATIONAL, INC. 04-25-2000 90102 007 ***150.00 Principal Place of Business Mailing Address 2050 NW 95TH AVE 2050 NW 95TH AVE MIAMI FL 33172-2350 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 31-1276426 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name HERREN, JOHN Street Address (P.O. Box Number is Not Acceptable) 2050 NW 95TH AVE MIAMI FL 33172 Zip Code City 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 (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PCD TITLE ☐ Delete TITLE KINTIGH, ALLEN NAME NAME 39 S. Ashley Green The Woodlands, Tx 77382 3601 WILDEWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ENDWELL NY** TITLE **VD** TITLE ☐ Delete NAME KINTIGH, DAVID NAME 2 Senic Mill Place STREET ADDRESS STREET ADDRESS 3601 WILDEWOOD DRIVE The Woodlands, TX 77381 CITY-ST-ZIP CITY-ST-ZIP ENDWELL NY ☐ Change ☐ Addition Delete TITLE TITLE BAUMAN, THOMAS A NAME NAME STREET ADDRESS STREET ADDRESS 14 WILLOWCREST PLACE CITY-ST-ZIP CITY-ST-ZIP THE WOODLANDS TX ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME

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 accordate 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 trusted 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 addless, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

DAVID A. KINTIGN 4/13/00