2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 22, 2000 8:00 am **DOCUMENT # H32129** 1. Entity Name **Secretary of State** ENGINEERING SPECIALTY PRODUCTS. INC. 03-22-2000 90053 048 ***150.00 Principal Place of Business Mailing Address 1510 PEACHTREE STREET 1510 PEACHTREE STREET **UNIT 29** HNIT 29 60046603 COCOA FL 32922-8660 COCOA FL 32922 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2477632 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KIRSCHNER, DONNA C. Street Address (P.O. Box Number is Not Acceptable) 954 FLORIDA AVENUE ROCKLEDGE FL 32955 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 (NOTE. Registered Agent signature required when reinstating) 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. PDT Change Addition ☐ Delete TITLE TITLE KIRSCHNER, DONNA C. (S) NAME NAME STREET ADDRESS 954 FLORIDA AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

FILED

Donna C. Kirschner 3-15-00 321-636-3376
Date Date Dayline Phone #