2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # H47388** May 03, 2000 8:00 am 1. Entity Name Secretary of State CBC INDUSTRIAL PARK, INC. 05-03-2000 90023 040 ***150.00 Mailing Address Principal Place of Business 903 WEST THIRD STREET %DONALD BAUERLE SANFORD FL 32771 488 W. HIGHBANKS RD DEBARY FL 32713-4643 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-2496814 Not Applicable Country \$8.75 Additional 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 Name WILLIS, DAVID Street Address (P.O. Box Number is Not Acceptable) STE 600 LANDMARK CENTER II 225 E ROBINSON ST ORLANDO FL 32802 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete BAUERLE, DONALD C JR NAME NAME STREET ADDRESS STREET ADDRESS 488 W. HIGHBANKS ROAD CITY-ST-ZIP CITY-ST-ZIP DEBARY FL 32713 ☐ Change Addition ☐ Delete TITLE BAUERLE, DONALD C III NAME 488 W. HIGHBANKS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DEBARY FL 32713 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE

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 in changed, or on an attachment without address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IF

BAYER (h. 4/86/00)
Date Daytime Phi

Change

☐ Addition