2001 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # J15998** 1. Entity Name E.J. ULRICH INDUSTRIES, INC. 4-25-2001 90171 049 ***150.00 Mailing Address Principal Place of Business 108 ROYAL PARK DR., #1-G 108 ROYAL PARK DR., #1-G OAKLAND PPARK FL OAKLAND PPARK FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2788506 Not Applicable Country Zio \$8.75 Additional 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 ULRICH, MARJORIE J. Street Address (P.O. Box Number is Not Acceptable) 108 ROYAL PARK DR., #1-G OAKLAND PARK FL Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable DATE (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, 2001 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 11. OFFICERS AND DIRECTORS 12. PD ☐ Change ☐ Addition TITLE Delete TITLE ULRICH, EVERETTE J. NAME STREET ADDRESS 108 ROYAL PARK DR. #1-G STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL Delete ☐ Change ☐ Addition TITLE ULRICH, MARJORIE J. NAME STREET ADDRESS 108 ROYAL PARK DR. #1-G STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

MARJORIE J. UlRICH = 4-19-01 954.485. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR