2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # J94430** PRECISION TRIM OF SARASOTA, INC. 04-27-2001 90316 043 ***158.75 Principal Place of Business Mailing Address C/O KENNETH KING C/O KENNETH KING 5844 WHISTLEWOOD CIRCLE 5844 WHISTLEWOOD CIRCLE 646008 SARASOTA FL 34232 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0012018 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KING, PANAYIOTA Street Address (P.O. Box Number is Not Acceptable) 5844 WHISTLEWOOD CR. SARASOTA FL 34232 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 Fiorida. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent's gnature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Z. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 D Walmsley & Michelle Change KAddition CR2E034 (10/00) TITLE ☐ Delete TITLE KING, KENNETH J. 4680 CrONIN Drive STREET ADDRESS 5844 WHISTLEWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE X Delete TITLE CASE, ROBERT T NAME STREET ADDRESS 5133 19TH LANE E STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** City-ST-ZIP ☐ Delete □. Change TITLE Addition KING. PANAYIOTA NAME 5844 WHISTLEWOOD CIR STREET ADDRESS STREET ADDRESS CITY-ST-7:P SARASOTA FL 34232 CITY-ST-ZIP TITLE □ Delate TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change ☐ Addition NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TYTHE TITLE Change Addition NAME NAME

13. Thereby 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.

STREET ADDRESS

CITY-ST-Z-P

STREET ADDRESS

CITY-ST-ZIP