## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 21, 2002 8:00 am Secretary of State J96640 DOCUMENT # 1. Entity Name 05-21-2002 90874 021 \*\*\*158.75 ACCURATE SHEETMETAL & STEEL FABRICATORS, INC. Mailing Address Principal Place of Business 118 WEST GRANT ST. 118 WEST GRANT ST. BLDG. #A RIDG. #A ORLANDO FL 32806 ORLANDO FL 32806 US 3. Mailing Address 2. Principal Place of Business Grant Street 300 W. Grant Street 300 <u>W.</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 59-2862911 rlando.FL Not Applicable <u>Orlando</u> \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required USA 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Reichart, James REICHART, JAMES R. Street Address (P.O. Box Number is Not Acceptable) 118 W GRANT ST. BLDG A Grant ORLANDO FL 32806 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it 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, 2002 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 12. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Reichart, James R. NAME REICHART, JAMES R. NAME 300 W. Grant street STREET ADDRESS STREET ADDRESS 118 W GRANT ST #A Orlando, FL 32804 CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP SECRETARY / TREASURER \_ Change TITLE ☐ Delete Leila N. Reichart TITLE NAME a600 E. Crystal Lake Ave. NAME STREET ADDRESS STREET ADDRESS Orlando, FL 32806 CITY-ST-ZIP CITY-ST-7iP vice President of Production Change **Addition** TITLE ☐ Delete TITLE Kelly Kiener NAME ablip Hawthorne St. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ■ Addition Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

changed, or on an attachmen with an address, with all other like empowered.

SIGNATURE:

40/455 0116