2000 UNIFORM BUSINESS REPORT (UBR)

Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # J96777** 1. Entity Name 01-18-2000 90089 006 ***158.75 ELECTRIC FIREMAN, INC. Mailing Address Principal Place of Business % MARK R. BILLITZ % MARK R. BILLITZ A0005245 782 RIO VISTA DRIVE 782 RIO VISTA DRIVE MIAMI SPRINGS FL 33166-3966 MIAMI SPRINGS FL 33166 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0009389 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 BILLITZ, MARK R. Street Address (P.O. Box Number is Not Acceptable) 782 RIO VISTA DRIVE MIAMI SPRINGS. FL. 33166 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 (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. CR2E034 (9/99 **PVS** ☐ Delete ☐ Change TITLE BILLITZ, MARK R. NAME NAME STREET ADDRESS STREET ADDRESS 782 RIO VISTA DR. CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FL ☐ Change Addition TITLE ☐ Delete TITLE BILLITZ, NANCY NAME NAME STREET ADDRESS STREET ADDRESS 782 RIO VISTA DR CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FL ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Detete TITLE TITLE NAME NAME STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE: /

STREET ADDRESS

CITY-ST-ZIP

FILED