2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 10, 2001 8:00 am Secretary of State **DOCUMENT # K24143** SEMINOLE METAL FINISHING, INC. 01-10-2001 90145 036 ***150.00 Mailing Address Principal Place of Business 967 EXPLORER COVE 967 EXPLORER COVE ALTAMONTE SPRINGS FL 32701 DUDUTITO ALTAMONTE SPRINGS FL 32701 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 59-2892899 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARLOWE, MICHAEL L. Street Address (P.O. Box Number is Not Acceptable) 1031 W. MORSE BLVD SUITE 200 SUITE 4 WINTER PARK FL 32789 Zip Code 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 (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. 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 (10/00) Addition Change TITLE ☐ Delete TITLE BLACKWELDER, ELLIOTT E. 967 EXPLORER COVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP ALTAMONTE SPRINGS FL CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE BLACKWELDER, CARLA J. NAME NAME 967 EXPLORER COVE STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-7IP CITY-ST-ZIP - 🖃 Addition Change -☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Addition Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information strugging 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 same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if the same legal effect 13. I hereby certify that the information supplindicated on this report or supplement of the corporation or the receiver or changed, or on an attachment with ##### ie under oath; that I am an officer or director at my name appears in Block 11 or Block 12 if

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: