2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am Secretary of State **DOCUMENT # L12320** 1. Entity Name PRECISION POWER PRODUCTS, INC. 05-08-2000 90098 034 ***150.00 Mailing Address Principal Place of Business 3018 22ND AVENUE S. 3018 22ND AVENUE S. ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33712-2929 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2967431 Not Applicable _Country Country_ \$8.75-Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UCC FILING & SEARCH SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE. TALLAHASSEE FL 32301 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. 12. CR2E034 (9/99) Change Addition PD ☐ Delete TITLE TITLE RALPH, JOHN F SR. NAME STREET ADDRESS STREET ADDRESS 3018 22ND AVENUE S. CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33712 ☐ Delete ☐ Change Addition TITLE STD TITLE NAME RALPH, INA M STREET ADDRESS STREET ADDRESS 3018 22ND AVENUE S. CITY-ST-ZIP CITY-ST-ZIP. ST. PETERSBURG FL-337:12-Addition ☐ Delete TITLE NAME RALPH, JOHN F JR. STREET ADDRESS STREET ADDRESS 3018 22ND AVENUE S. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33712 ☐ Change __ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete NAME NAME

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITI F

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Ralph Vr.

☐ Change

Addition