2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # L39665 Apr 07, 2000 8:00 am Secretary of State 1. Entity Name ATLANTIC BATTERY, INC. 04-07-2000 90067 045 ***150.00 Mailing Address Principal Place of Business 1251 S.E. 1ST AVENUE 1251 S.E. 1ST AVENUE POMPANO BEACH FL 33060-9202 POMPANO BEACH FL 33060 $P \Omega \Omega \Omega \Omega \Omega \Omega \Omega \Omega \Omega \Omega$ 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 65-0163815 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CUTILLO, CHRISTINE Street Address (P.O. Box Number is Not Acceptable) 1251 SE 1ST AVE POMPANO BEACH FL 33060 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 Florida. DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE CUTILLO, LAWRENCE NAME NAME STREET ADDRESS STREET ADDRESS 1251 SE 1ST AVENUE CITY-ST-ZIE CITY-ST-ZIP POMPANO BEACH FL ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME **CUTILLO, CHRISTINE** STREET ADDRESS STREET ADDRESS 1251 SE 1ST AVENUE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH.FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE 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 Addition TITLE ☐ Change ☐ De'ete TITLE NAME 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 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 receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 11 or Block 12 if changed, or on an attackment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF