FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

2. Principal Place of Business

600

SIGNATURE

11.

TITLE NAME

TITLE

NAME STREET ADDRESS

JUDE

HILE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY ST-7IP

CMY-ST-ZIP

CITY-ST-ZIP

2655 LE TOUNG ROAD

CORAC GABLET, FLORIDA

9. This corporation is eligible to satisfy its Intangible

CORDY GADLOS

PROSUMM, SOLENTARY

RANDAU ORAPLOY

2055 LE STANT ROATS

Tax filing requirement and elects to do so.

(See criteria on back)

FIFD

02 OCT -4 PM 1:32 L 78864 SECRETARY OF STATE TALLAHASSEE. FLORIDA UINCENT MOTORWORKS, INC, 900008284509--1 DO NOT WRITE IN THIS SPACE -10/09/02--01039--014 ****550.00 ****550.00 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-019936 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent RANDAU BRADURY DO NOT WRITE Street Address (P.O. Box Num RUDD SUITE 600 IN THIS SPACE City Mi**am**i Zip Coc 331**76** 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 reinstation) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS TROBYURON NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

13. Thereby certify that the information supplied with this filing does not quality 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 attachment with an additionable of 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 on an

TITLE

NAME

TITLE

STREET ADDRESS

STREET AUDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

KONDAN BROOKEY - PROJUDA