2001 UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2001 8:00 am Secretary of State DOCUMENT # L 82474 1. Entity Name DA SUNCOAST ENGINEERING INCORPORATED 05-16-2001 90249 001 ***150.00 Principal Place of Business Mailing Address 3376 LANDING CT. SAME PALM HARBOR, FL. 34684 C0067750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59*30*19109 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELIZABETH ANDREASEN JOHN -HNDREASEN 3376 LANDING CT. PALM HARBOR, FL. O. Box Number is Not Acceptable) at for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above 1004 SIGNATUÈ (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. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition PRESIDENT TITI F TITLE ☐ Delete JOHN HOWARD ANDREAGEN NAME 3376 LANDWGCT STREET ADDRESS STREET ADDRESS PALM HARBOR, FL, 34684 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT ELIZABETH A, ANDREASEN Delete Change ☐ Addition TITLE NAME 3376 LANDING CT STREET ADDRESS STREET ADDRESS PALM HARROE, FL. 34684 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITI F Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

n address, with all other like empowered.

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: