2000 UNIFORM BUSINESS REPORT (UBR)

May 07, 2000 8:00 am Secretary of State **DOCUMENT # M73615** N. A. S. FIBERGLASS, INC. 05-07-2000 90004 034 ***150.00 Mailing Address Principal Place of Business % RICHARD P. CARROL % RICHARD P. CARROL 140 CLARIDGE ST. 140 CLARIDGE ST. OVPLUUUA SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937-2228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2886427 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARROL, RICHARD P. Street Address (P.O. Box Number is Not Acceptable) 140 CLARIDGE ST. SATELLITE BEACH FL 32937 Zip Code City FI 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) DATE 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 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change Delete TITLE TITLE CARROLL, RICHARD P. NAME NAME STREET ADDRESS 140 CLARIDGE ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL ☐ Change ☐ Addition TITLE ☐ Defete TITLE CARROLL, RICHARD P. NAME NAME 140 CLARIDGE STREET STREET ADDRESS STREET ADDRESS SATELLITE BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE CARROLL, CAROL M.-NAME 140 CLARIDGE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL ☐ Change Addition ☐ Defete TITLE TITLE CARROLL, CAROL M. NAME NAME 140 CLARIDGE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH FL CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

SIGNATURE: ORIGINATURE SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR 1-22-2000 (32D 777-6202

changed, or on an attachment with an address, with all other like empowered.