2002 UNIFORM BUSINESS REPORT (UBR)

May 03, 2002 8:00 am Secretary of State DOCUMENT # M82423 1. Entity Name 05-03-2002 90055 020 ***150.00 KNO-MAR TOOL & MOLD, INC. Principal Place of Business Mailing Address 14525 62ND ST. N. 14525 62ND ST. N. CLEARWATER FL 33760 CLEARWATER FL 33760 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2899010 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARVEL, DAVID R. Street Address (P.O. Box Number is Not Acceptable) 14525 62ND STREET NORTH #9 **CLEARWATER FL 33760** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD ☐ Delete TITLE VTD ☐ Addition MARVEL, DAVID R. NAME NAME Marvel, David R STREET ADDRESS 14525 62ND STREET N. STREET ADDRESS 14525 62nd Street N. CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP Clearwater, FL 33760 ☐ Delete TITLE ☐ Change Addition **PSD** MARVEL, MARY C. NAME Marvel, Mary C. STREET ADDRESS 14525 62ND ST. N. STREET ADDRESS 14525 62nd Street N. CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP Clearwater, FL 33760 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE - Change, , 🖸 Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: A

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED