FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 18, 2002 8:00 am Secretary of State P00000000190 DOCUMENT # 1. Entity Name 07-18-2002 90134 025 ***150.00 HONDACURATE INC. Principal Place of Business Mailing Address 3804 N DAVIS HWY 3804 N DAVIS HWY PENSACOLA FL 32505 PENSACOLA FL 32505 2. Principal Place of Business 3804 N. DANS Hwy 3. Mailing Address 1410 Hwy97 South DO NOT WRITE IN THIS SPACE CANTONMENT KL PENSA COUN 4. FEI Number Applied For 59-3622164 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ____ Fee Required 7. Name and Address of New Registered Agent ROYCE, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1410 HWY 97 SOUTH **CANTONMENT FL 32533** 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. I am familiar with, and accept the obligations of registered agent 71502 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete TITLE TITLE Change . ☐ Addition ROYCE ROBER RONCE, ROBERT NAME NAME 1410 HWY 97 SOUTH STREET ADDRESS STREET ADDRESS CANTONMENT FL 32533 CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition 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-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

With WARE REQUIRED

Delete

71502

8504320180

☐ Change

☐ Addition

New Text Document (2)

To. Whom It May Concern:

Attn: Division Of Corrporations

Dalux Rows

Here is my UBR with necessary changes. PLease take note that the name (Principle Officer), zip cade and mailing address has been changed. Hopefully, next year I will recieve my UBR in a timely manner.

Pensa

HONDACURATE INC. 3804 N. Davis Hwy. Pensacola, FL 32503

Prococo 199

Thank-You,

Robert Royce

 $President_{-}$