FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # POO 0000 12303

1. Entity Name

PNEU-TRONICS, INC.

SIGNATURE:

FILED Sep 16, 2002 8:00 am Secretary of State

09-16-2002 90110 023 ***150.00

| 14 | | | 0 | | |
|---|--|---------------------------------------|---------------------------------------|--|--------------------------------|
| DO NOT WRITE IN THIS SPACE | | | | | <i>s</i> . |
| Principal Place of Business 3. Mailing Address | | | | | |
| 4333 So. 50 THST | | 4333 30 5074ST. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | |
| City & Stat | | City & State | t L | 4. FEI Number 59-365729 | Applied For Not Applicable |
| Zip 33名 | Country | 33619 | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | The state of the s | | | 7. Name and Address of Current Rec | sistered Agent |
| | | | | | |
| DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| IN THIS SPACE | | | | | |
| | | | City | | Zip Code |
| 8. The above | named entity submits this statement for th | ne nurnose of changing its | registered office or registe | ared agent, or both in the State of Elected | |
| 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 | | | • | | |
| O/O/W/IORE | Signature, typed or printed name of registered agent and | title if applicable. (NOT | E: Registered Agent signature require | d when reinstating) | DATE |
| 9. This corpo | ration is eligible to satisfy its Intangible | | lay 1 Fee is \$150.00 | | |
| Tax filing requirement and elects to do so. | | | | Election Campaign Financi Trust Fund Contribution. | - Anies Males |
| | | | ole to Department of Sta | | ☐ Added to Fees |
| 11. | OFFICERS AND DI | RECTORS | | | |
| TITLE | PRESIDENT | | TITLE 1917 | | |
| NAME STREET LDGGGGG | JAMES W. BRUCE | | NAME | | |
| STREET ADDRESS CITY-ST-ZIP | 7517 VASCONIAS TAMPA, FC 33 | στ. • = 0 | STREET ADDRESS | | |
| | 14MPH, FC 331 | 629 | CITY ST-ZIP | | |
| TITLE NAME | | • | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
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| NAME | | | NAME | The state of the s | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS | DO NOT W | DITE |
| | | | CITY-ST-ZIP | NOT W | |
| TITLE NAME | | | nne | IN THIS SF | PACE |
| STREET ADDRESS | | | NAME: STREET ADDRESS | | |
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| CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | CITY-ST-ZIP | | |
| TITLE | | | TITLE | | *** |
| NAME STREET ADDRESS | | • | NAME, | The second secon | |
| CITY-ST-ZIP | | | STREET ADDRESS "CITY-ST-ZIP" | | |
| | ertify that the information supplied with this | s filing does not qualify for | | ection 110 07(2VI) Florida Company | |
| 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 on an attachment with an address, with all other like empowered. | | | | | |

YANESW. BRUCE



Pneu-Tronics

Attackment At 90000012303 872029

SEPTLEMEN

THIS LETTER IS TO ADVISE YOU THAT ON THIS DATE I WAS ASKED BY MY BOOK KEEPER FON A COPY OF THIS PREPORT AND AFTER SEARCHING COULD NOT FIND A COMPLETED REPORT ON ANY FORMS TO SUBMIT I HEN CALLED MY ATTORNEY THINKING HE MAN HAVE RECEIVED IT AND HAD FORGOTTEN, HE DID NOT HAVE IT I HAN CALLED YOUR OFFICES AND SPOKE TO A LIMIT IN DUDWED, HE ADVISED ME TO DOWN LAAD A BLANK REPORT FROM THE WEBSITE AND SUBMIT IT ALONG WITH THIS EXPLANATION

DINCERELY BRUCE