FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State P00000020684 DOCUMENT # 1. Entity Name 05-06-2002 90025 004 ***150.00 PRATT TOOL & DIE, INC. Principal Place of Business Mailing Address 800 NORTHWEST 12TH TERRACE **800 NORTHWEST 12TH TERRACE** POMPANO F: 33069 POMPANO F: 33069 Principal Place of Business POA MARTIN LUTHER KING BLVD Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0986388 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code City 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 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Addition TITLE ☐ Delete Pratt, George A NAME 1390A MARTIN LUTHER KING BLVD POMPANO BEACH, FL 33009 STREET ADDRESS **BOO NORTHWEST 12TH TERRACE** STREET ADDRESS POMPANO F: 33069 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME Pratt, george a Jr. NAME 1390A MARTIN WITHER KING BLUD 800 NORTHWEST 12TH TERRACE STREET ADDRESS STREET ADDRESS <u>KOMPANO</u> BEACH.FL 38069 CITY-ST-7IP POMPANO FL 33069 CITY-ST-ZIP Change Change ☐ Addition TITLE □ Delete TITLE ΙD NAME Pratt. Daniel W NAME 1390A MARTIN LUTHER KING BLVD. **BOO NORTHWEST 12TH TERRACE** STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 POMPANO F: 33069 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition Delete TITLE

13. Thereby 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 in changed, or on an attachment with an address th all other like empowered

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (9/01)