2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am Secretary of State P00000034800 DOCUMENT # 1. Entity Name 05-19-2002 90057 040 ***150 00 CHELTEC INTERNATIONAL, INC. Principal Place of Business Mailing Address 2215 INDUSTRIAL BLVD. 2215 INDUSTRIAL BLVD. SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0996944 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 SAVARY, JOHNSON S ESQ. Street Address (P.O. Box Number is Not Acceptable) 22 SOUTH LINKS AVENUE SUITE 300 Zip Code SARASOTA FL 34236 City FL 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE Delete TITLE NAME DELANCY, DENISE A NAME STREET ADDRESS STREET ADDRESS 2215 INDUSTRIAL BLVD. CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP Change ☐ Addition X Delete TITLE TITLE NAME NAME DOTY, ROBERT W STREET ADDRESS STREET ADDRESS 2215 INDUSTRIAL BLVD. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 ☐ Change ☐ Addition TITLE _ _ Delete TITLE NAME NAME MORTON, E.W. JR. STREET ADDRESS STREET ADDRESS 2215 INDUSTRIAL BLVD. CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34234 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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DENISE DeLANCY APRIL 16,2002 (941)355-1045 SIGNATURE ihis ED NAME OF SIGNING OFFICER OR DIRECTOR SIGN TURE AND TYPED OR PR

with all other like empowered.

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