

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90156 009 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>P00000036924</u>			
1. Entity Name CARBON FIBER WORKS, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 620 NORTH THOMPSON ST		3. Mailing Address 620 NORTH THOMPSON ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State STARKE, FL		City & State STARKE, FL	
Zip 32091	Country	Zip 32091	Country
4. FEI Number 59-3642741		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name J. KIRBY-CHRITTON	
		Street Address (P.O. Box Number is Not Acceptable) 1301 RIVERPLACE BOULEVARD, SUITE 1500	
		City JACKSONVILLE, FL FL Zip Code 32207	
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			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT MICHAEL PRATHER RT. 4, PO BOX 1331 STARKE, FL 32091	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT BENJAMIN ASAFF PO BOX 584 RINDGE, NH 03461	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER MICHAEL PRATHER RT. 4, PO BOX 1331 STARKE, FL 32091	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY MICHAEL PRATHER RT. 4, PO BOX 1331 STARKE, FL 32091	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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.			
SIGNATURE: <u>Michael R Prather</u>		PRESIDENT <u>3/5/03</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	