2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATUR

Mar 29, 2001 8:00 am Secretary of State DOCUMENT # P0000043384 1. Entity Name 02-01-2001 90174 046 ***150.00 TECHMAR ENGINEERING, INC. فالعامر الخطية Principal Place of Business Mailing Address 235 - 176TH AVENUE 235 - 176TH AVENUE REDINGTON SHORES FL 33708 REDINGTON SHORES FL 33708 2. Principal Place of Business 3. Mailing Address O.BOX 2 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable \$8.75 Additional-5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .D'ANGELO, MARIO 🌌 🤄 Street Address (P.O. Box Number is Not Acceptable) 235 - 176TH AVENUE **REDINGTON SHORES FL 33708** City Zip Code 8. The above named enjity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible -19. Election Compaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 235 176TH CITY-ST-ZIP CITY-ST-ZIP REDINGTO TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Deleta TITLE ☐ Channe NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 11 or Block 12 is changed, or on an attachment with an address, with all other like empowered.

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ATURE AND TYPED OR PRINTED NAME OF AGNING OFFICER OR DIRECTOR

FILED