2001 UNIFORM BUSINESS REPORT (UBR) May 03, 2001 8:00 am Secretary of State DOCUMENT # P00000049300 1. Entity Name INNOVATIVE CONCEPTS & EQUIPMENT, INC. 05-03-2001 90083 004 ***158.75 Mailing Address Principal Place of Business 4445 NORTH HIGHWAY A1A 4445 NORTH HIGHWAY A1A VERO BEACH FL 32963 VERO BEACH FL 32963 Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name HENDERSON, STEVE L Street Address (P.O. Box Number is Not Acceptable) 817 BEACHLAND BLVD. VERO BEACH FL 32963 Zip Code 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 DATE 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition □ Delete TITLE GILBERT, BRIAN W NAME STREET ADDRESS STREET ADDRESS 4445 NORTH HIGHWAY A1A CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 Addition Addition TITLE ☐ Delete TITLE GILBERT, GLORIA J NAME NAME STREET ADDRESS 4445 NORTH HIGHWAY A1A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ___Addition Delete --TITLE . ATTLE 😣 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE

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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gilbert

4-26-01 561 231-9238