2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P0000061940 Apr 27, 2001 8:00 am Secretary of State METAL POLISHING SYSTEMS, INC. 04-27-2001 90351 018 ***150.00 Principal Place of Business Mailing Address 2318 LINEBAUGH AVENUE WEST 2318 LINEBAUGH AVENUE WEST TAMPA FL 33612-7560 TAMPA FL 33612-7560 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country Country \$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 Name KAGAN, EDWIN B Street Address (P.O. Box Number is Not Acceptable) 2709 ROCKY POINT DR., SUITE 102 **TAMPA FL 33607** Zip Code Sij 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and atteif approache. (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, 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. 12. TITLE ☐ Delete TITLE Addition STEPHENS, RALPH M NAME NAME 2318 LINEBAUGH AVENUE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33612-7560 CITY - S1 - ZIP ☐ Delete TIT! F ☐ Change Acdition TITLE SIERRA, RUBEN J R NAME. NAME 2318 LINEBAUGH AVENUE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33612-7560 CiTY-ST-ZIP ☐ Delete ☐ Change ☐ Addition THILE TITLE STEPHENS, BARBARA J NAME NAME 2318 LINEBAUGH AVENUE WEST STREET ADDRESS STREET ADDRESS CITY+S1-ZIP TAMPA FL 33612-7560 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE STEPHENS, RALPH C NAME NAME 2318 LINEBAUGH AVENUE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33612-7560 CITY-ST-ZIP ☐ Delete TITLE Change Addition OUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition T:Ti F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. If 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 eath; 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

ubace J. Stylina 4-18-01