2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 13, 2001 8:00 am Secretary of State DOCUMENT # 1 000000 86629 Mech Services, Inc. 03-13-2001 90322 031 \*\*\*150.00 Principal Place of Business 5600 S.W. 1st St. P.O. Box 133 Vero Beach, FL 32968 Vero Beach, FL 32961 **D0024970** 2. Principal Place of Business 3. Mailing Address P.O. Box 5600 S.W. Ist St. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-1043581 Vero Beach Not Applicable Country US \$8.75 Additional 5. Certificate of Status Desired 32961 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kurt F. Zeran 5600-5-W. ist St. Street Address (P.O. Box Number is Not Acceptable) Vero Beach, FL 32968 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, typed or printed name of registered agent and title if applicable DATE (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 Vice President TIT! F ☐ Change ★ Addition TITLE President □ Delete Kurt F. Zeran 5600 S.W. kt ST. Vero Beach, FL 32968 James H. Moran NAME 1375 SW. 58th Ave. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP vero Beach, FL 3296B CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE Treasurer NAME NAME same as above STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition secretary ☐ Change ☐ Delete same as above STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO