2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Feb 24, 2003 8:00 am **Secretary of State DOCUMENT #** P00000106769 1. Entity Name 02-24-2003 90189 024 ***150.00 PERFORMANCE GAS SYSTEMS, INC. Principal Place of Business Mailing Address P.O BOX 77231 P.O BOX 77231 JACKSONVILLE FL 32226 JACKSONVILLE FL 32226 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3681340 Not Applicable Zip Country Zip Country \$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 HARRIS, JEFFREYA Street Address (P.O. Box Number is Not Acceptable) 14775 EDWARDS CREEK RD JACKSONVILLE FL 32226 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VICE President, secretary Delete TITLE Addition NAME HARRIS, JEFFREY A ViviaH Harris 14775 Edwards Creek RD NAME 14775 EDWARDS CREEK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32226 F2, 32226 CITY-ST-ZIP Jacksony, 110 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 TITLE ☐ Delete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

FILED

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP