2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P00000110988 1. Entity Name TILT WORKS, INC. 03-02-2001 90077 030 ***158.75 Principal Place of Business Mailing Address 547 FAIRFAX AVE 547 FAIRFAX AVF WINTER PARK FL 32789 WINTER PARK FL 32789 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 59-3683737 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIRES. WILLIAM E JR Street Address (P.O. Box Number is Not Acceptable) 547 FAIRFAX AVE WINTER PARK FL 32789 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. 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DIRECTOR /PRESIDENT CR2E034 (10/00) TITI F D ☐ Delete NAME HIRES, WILLIAM E JR NAME STREET ADDRESS STREET ADDRESS 547 FAIRFAX AVE CITY-ST-ZIP CITY-ST-ZIP WINTER APRK FL 32789 DIRECTOR SECT TREAS ☐ Delete TITLE DEBORAH HIRES NAME 547 PAIRFAX AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 32789 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and according to the corporation or the receiver or trustee hypowered to execute. ot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director cute 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 attachn GNING OFFICER OR DIRECTOR NAME OF

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