2002 UNIFORM BUSINESS REPORT. (UBR)

May 30, 2002 8:00 am Secretary of State **DOCUMENT #** P01000036375 05-10-2002 90060 032 ***150.00 1. Entity Name THE TUNGSTEN GROUP II. INC. Principal Place of Business Mailing Address きしょんり 13553 BETH STREET NORTH, SUITE #101 13553 66TH STREET NORTH, SUITE #101 LARGO FL 33771 LARGO FL 33771 2. Principal Place of Business 3. Mailing Address 800 Loudoun Avenue 800 Loudoun Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Portsmouth, Virginia Portsmouth, Virginia 59 -3711a39 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LYONS, GARY W Street Address (P.O. Box Number is Not Acceptable) 311 SOUTH MISSOUR! AVENUE **CLEARWATER FL 33756** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition (9/01) Change JENSEN, DAVID VINCENT NAME JENSEN, DAVID VINCENT NAME 1524 Taylor Point Drive STREET ADDRESS 13553 66TH STREET NORTH, SUITE #101 STREET ADDRESS CITY-ST-ZIF LARGO FL 33771 Chesapeake, VA 23321 CITY-ST-ZIP ☐ Delate TITLE ☐ Addition ☐ Change NAME DEMELLWEEK, ROBERT J MAME STREET ADDRESS 3812 MILL GROVE COURT STREET ADDRESS CITY-ST-ZIP CHESAPEAKE VA 23321 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET, ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IIILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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.

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