## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am § Secretary of State DOCUMENT # P01000044345 1. Entity Name 05-22-2002 90098 046 \*\*\*150 00 SOUTHERN CALIBRATION SYSTEMS, INC. Principal Place of Business Mailing Address 6302-BENJAMIN ROAD POST OFFICE BOX 20253 SUITE 412 TAMPA FL 33622 TAMPA FL 33634 --2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 10 City & State 4. FEI Number Applied For 59- 3720610 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **SPIEGEL & UTRERA**, P.A. Box Number is Not A 343 ALMERIA AVENUE GORAL GABLES FL 33134 8. The above named entity submits this statement for the purpose of changing its registered offic ered agent, or both, in the State of Florida ed when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEB 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLÈ Addition CR2E034 (9/01) NAME WEISSE, CARL F NAME 031-A Douglas Rd Suite to Oldsmar, FL 34677 STREET ADDRESS 6302 BENJAMIN ROAD SUITE 412 STREET ADDRESS CITY-ST-ZIP TAMPA-FL-33634-CITY-ST-7IP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ 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-7IP TITLE ☐ 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

3. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2002

(813)925-8286 Daytime Phone #