FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91204 036 ***150.00

DOCUMENT # P01000063383

1. Entity Name
TRU MENSION MANUFACTURING SOLUTIONS, INC.

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B0124365

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2. Principal Place of Business	3. Mailing Address
3900 DOW ROAD	SAME
Suite, Apt. #, etc. SUITE A	Suite, Apt. #, etc.
City & State MELBOURNE, FL	City & State
Zip 32934 / Country USA	Zip / Country

4. FEI Number 59-3729621 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name MARC J FISHER
Street Address (P.O. Box Number is Not Acceptable) 1160 BAYMEADOWS DR.
City TITUSVILLE **FL** Zip Code 32796

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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	KENNETH J SHEEHAN
STREET ADDRESS	4696 N FRIDAY CIRCLE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	MARC J FISHER
STREET ADDRESS	1160 BAYMEADOWS DR
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MARC J FISHER 5/24/02 321-255-4665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #