2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91427 007 ***158.75

DOCUMENT # P01000063383

1. Entity Name
TRU MENSION MANUFACTURING SOLUTIONS, INC.

Principal Place of Business	Mailing Address
3900 DON ROAD	3900 DON ROAD
SUITE A	SUITE A
MELBOURNE FL 32934	MELBOURNE FL 32934

☑ CHECK HERE IF MAKING CHANGES

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

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FISHER, MARC J	Name: FISHER, MARC J
1160 BAYMEADOWS DRIVE	Street Address (P.O. Box Number is Not Acceptable): 3900 DOW ROAD
TITUSVILLE FL 32796	SUITE A
	City: MELBOURNE FL Zip Code: 32934

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 the obligations of registered agent.

SIGNATURE ______________________________ DATE
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D	☑ Change ☐ Addition
NAME	SHEEHAN, KENNETH J		NAME	SHEEHAN, KENNETH J	
STREET ADDRESS	407 CLEARLAKE ROAD		STREET ADDRESS	3900 DOW ROAD, SUITE A	
CITY-ST-ZIP	COCOA FL 32926		CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	D	☐ Delete	TITLE	D	☑ Change ☐ Addition
NAME	FISHER, MARC J		NAME	FISHER, MARC J	
STREET ADDRESS	407 CLEARLAKE ROAD		STREET ADDRESS	3900 DOW ROAD, SUITE A	
CITY-ST-ZIP	COCOA FL 32926		CITY-ST-ZIP	MELBOURNE, FL 32934	
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		
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		

CR2E034 (10/02)

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC J FISHER 4/30/03 321-255-4665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #