FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91882 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000097333

1. Entity Name
OTT INDUSTRIES, INC.

90129077

Principal Place of Business
P O BOX 210956
ROYAL PALM BEACH, FL 33421

Mailing Address
P O BOX 210956
ROYAL PALM BEACH, FL 33421

2. Principal Place of Business: 3380 Fairlane Farms Rd
Suite, Apt #, etc.: Suite 1
City & State: Wellington, FL
Zip: 33414 Country: USA

3. Mailing Address:
Suite, Apt #, etc.:
City & State:
Zip: Country:

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1142800 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
OTT, GREGORY
11790 ST ANDREWS PLACE
SUITE 208
WEST PALM BEACH, FL 33414

7. Name and Address of New Registered Agent
Name: Robin W. Wilson
Street Address (P.O. Box Number is Not Acceptable): 4720 Mandarin Blvd
City: Loxahatchee FL Zip Code: 33470

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 [signature] Robin Wilson President 3/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, ROBIN W P O BOX 210956 ROYAL PALM BEACH, FL 33421	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OTT, GREGORY R P O BOX 210956 ROYAL PALM BEACH, FL 33421	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] Robin Wilson 3/11/03 561-784-5265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #