04-28-2003 91426 008 ***150.00

1. Entity Name

SOBOL INDUSTRIES, INC.

Principal Place of Business 19720 NW 2ND STREET PEMBROKE PINES FL 33029 Mailing Address 19720 NW 2ND STREET PEMBROKE PINES FL 33029

| 2. Principal Pla | ace of Business UNIS on LN | 3. Mailing Address | , SON LN. | [100] 101 111 101 111 |
|---------------------------------------|--|------------------------|---------------------------------------|--|
| Suite, Apt. # | t, etc. | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES |
| City & State | STIAN FL - | City & State SCBAS1 | | 4. FEI Number 59-3751860 Applied For Not Applicable |
| 329 S | 58 INDIAN RIVER | 3 29 58 | INDIAN RIV | 5. Certificate of Status Desired |
| | 6. Name and Address of Current Ro | egistered Agent | Name | 7. Name and Address of New Registered Agent |
| SOBOL, GREG | | | | |
| 19720 NW 2ND STREET | | | Street Address | (P.O. Box Number is Not Acceptable) |
| | F PINES FL 33029 | , | <u></u> - | |
| | | | City | FL Zip Code |
| SIĞNATURE | named entity submits this statement for to the solutions of registered agent. A Company of the solution of the | Aobol | registered office or registe | ered agent, or both, in the State of Florida. I am familiar with, and accept $\frac{4/33/63}{\text{DATE}}$ |
| After | LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of \$ | State | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |
| 10. | OFFICERS AND D | RECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| NAME STREET ADDRESS | P SOBOL, GREGORY 19720 NW 2ND STREET PEMBROKE PINES FL 33029 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | to™e to be seen. | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition |

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 attachir

SIGNATURE: