FILED
Jun 27, 2003 8:00 am
Secretary of State
04-30-2003 90137 023 ***150.00

4/3
4/

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55050038

DOCUMENT # P02000004356

1. Entity Name
REVOLUTIONARY COMPONENTS, INC.

Principal Place of Business	Mailing Address
500 BARNES BLVD. ROCKLEDGE FL 32955	500 BARNES BLVD. ROCKLEDGE FL 32955

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
500 BARNES BLVD	500 BARNES BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROCKLEDGE FL	City & State: ROCKLEDGE, FL
Zip: 32955 Country: BREVARD	Zip: 32955 Country: BREVARD

4. FEI Number: 03-0400982 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREYRA, CARLOS
500 BARNES BLVD.
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name: ~~[illegible]~~ N/A
Street Address (P.O. Box Number is Not Acceptable): N/A
~~500 BARNES BLVD~~ N/A
City: ~~ROCKLEDGE~~ N/A FL Zip Code ~~32955~~

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: ~~[illegible]~~ NOT APPLICABLE ~~[illegible]~~ 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	PD PEREYRA, CARLOS M 500 BARNES BLVD. ROCKLEDGE FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PEREYRA, CARLOS A 500 BARNES BLVD. ROCKLEDGE FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STDD PEREYRA, CAROLINA F 500 BARNES BLVD. ROCKLEDGE FL 32955	☐ 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	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

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 REQUIRED 4-28-03 321-480-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #