FILED
Jun 16, 2003 8:00 am
Secretary of State

5/2

05-27-2003 90178 041 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000024972

1. Entity Name
CAROLINA METAL PRODUCTS, INC.

Principal Place of Business	Mailing Address
P. O. BOX 560559 ROCKLEDGE, FL 32956-0559	P. O. BOX 560559 ROCKLEDGE, FL 32956-0559

55048603

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1500 Maple Avenue.	- Same -
Suite, Apt. #, etc.: Unit D	Suite, Apt. #, etc.: -Same-
City & State: Melbourne, FL	City & State: Melbourne, FL
Zip: 32935 Country: USA	Zip: Country:

4. FEI Number: 01-0631918 ☐ 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
ADKINS, JESSICA L 206 AUGUSTA WAY MELBOURNE, FL 32940	Name: Angela Adkins Street Address (P.O. Box Number is Not Acceptable): 1500 Maple Avenue, Unit D City: Melbourne FL Zip Code: 32935

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] Angela Adkins — Date: 5-21-2003

(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	PRESIDENT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANGELA ADKINS		NAME	
STREET ADDRESS	1500 MAPLE AVENUE, UNIT D		STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	
TITLE	VICE PRESIDENT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MICHAEL ADKINS		NAME	
STREET ADDRESS	1500 MAPLE AVENUE, UNIT D		STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935		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	
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: [signature] Angela Adkins — Date: 5-21-2003 — Daytime Phone #: 321-259-7245

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)