UNIFORM BUSINESS REPORT (UBR

FILED Mar 26, 2003 8:00 am Secretary of State

3/3/ 03-03-2003 90501 033 ***150.00 03-26-2003 90145 026 *****8.75

OOCUMENT #	P02000050948
Entity Morro	

stered agent.

Entity Name

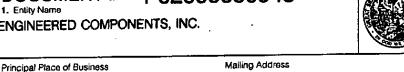
36 PENNSYLVANIA LANE

PALM COAST FL 32164

the obligations of

SIGNATURE

ENGINEERED COMPONENTS, INC.



36 PENNSYLVANIA LANE

PALM COAST FL 32164

3. Mailing Address 2. Principal Place of Business

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
PALM COAst	FL	PALM COAST	FL	4. FEI Number 32 - 00 1 7	Das Applied For Not Applicable	
Zip 32144_	Country FIAGLAT	Zip 32/37	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			- <i>0</i>	7. Name and Address of New Registered Agent		
SUPINO, RONALD G 36 PENNSYLVANIA L PALM COAST FL 321	ANE	10 mm 1 mm		s (F.O. Box Number is Not Acceptable)	
•		•	City		FL Zip Code	

8. The above named of the submits this statement for the perpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

(NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be (After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. President Supino Rondo G. TITLE ☐ Delete TITLE NAME SUPINO, RONALD G 4 York town CT. NAME STREET ADDRESS 36 PENNSYLVANIA LANE STREET ADDRESS PALM COUST FL 32164 CITY-ST-7IP CITY-ST-ZIP" PALM COAST FL 32164 Change Addition MILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete DITE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZP

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 tho 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 to gree 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.

CR2E034 (10/02