2003 FOR PROFIT CORPORATION

FILED Feb 27, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P30999 DOCUMENT # 1. Entity Name 02-27-2003 90161 029 ***150.00 TENSAT, INC. Principal Place of Business Mailing Address -5201 102ND AVE N ---5201 102ND AVE N PINELLAS PARK FL 33782 PINELLAS PARK FL 33782 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 04-2903611 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUPPEL, DENNIS G Street Address (P.O. Box Number is Not Acceptable) 5201 102ND AVE N PINELLAS PARK FL 33782 City Zip Code 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition RUPPEL, GEORGE NAME NAME 5201 - 102ND AVENUE NORTH STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33782 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RUPPEL, DENNIS G NAME NAME 5201 - 102ND AVENUE NORTH STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33782 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SEIDL FRANK NAME NAME 5201 102ND AVE N STREET ADDRESS STREET ADDRESS PINELLAS PRK FL 33782 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

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.

NAME

STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP