2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X

FILED Feb 19, 2001 8:00 am DOCUMENT # P93000034861 1. Entity Name **Secretary of State** C & D DOCKWORKS, INC. 02-19-2001 90265 008 ***150.00 Mailing Address Principal Place of Business 5403 Holden Road 5403 Holden Road Cocoa, F1. 32927 Cocoa, F1. 32927 AUDOTION 2. Principal Place of Business 3. Mailing Address 1301 Kanab Avenue NW 1301 Kanab Avenue NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3189159 Palm Bay, F1. Pálm Bay, Fl. Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 32907 Brevard 32907 Brevard 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Charles W. Brunty Charles R. Brunty Street Address (P.O. Box Number is Not Acceptable) 1301 Kanab Avenue NW 5403 Holden Road Cocoa, F1. 32927 Palm Bay, F1. 8. The above named entity submits this statement for the pyrpose of changing its registered office or registered agent, or both, in the State of Florida Charles W. Brunty, President (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITI F ☐ Delete TITLE. P/D NAME NAME Charles W. Brunty STREET ADDRESS STREET ADDRESS 1301 Kanab Avenue NW Palm Bay, Fl. 32907 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME Charles R. Brunty STREET ADDRESS STREET ADDRESS 5403 Holden Road CITY-ST-7IP CITY-ST-ZIP Cocoa, Fl. 32927 ___Change__ ☐ Delete TITLE. NAME Lenore L. Brunty STREET ADDRESS STREET ADDRESS 1301 Kanab Avenue NW CITY-ST-ZIP CITY-ST-ZIP Palm Bay, Fl. 32907 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Charles W.

G OFFIGER OR DIRECTOR President

2-1-01