2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000036354 Sep 06, 2000 8:00 am Secretary of State 1. Entity Name MASTER BLASTER OF ORLANDO, INC. 06-23-2000 90106 015 ***150.00 09-06-2000 90087 048 ***400.00 Mailing Address Principal Place of Business 2349A BRENGLE AVE. 2349A BRENGLE AVE. ORLANDO FL 32808-4655 ORLANDO FL 32808 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Suite, Apt. #, etc. City & State --- -4. FEI Number Applied For 59-3184892 Not Applicable \$8.75 Additional Country Zio Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMPSON, WAYNE Street Address (P.O. Box Number is Not Acceptable) 1405 PINE ST **MELBOURNE BEACH FL 32951** Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition CR2E034 (9/99) Change Delete TITLE TITLE THOMPSON, WAYNE B. NAME NAME STREET ADDRESS 1405 PINE STREET STREET ADDRESS CITY-ST-7IP MELBOURNE BCH. FL CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change TITHE Delete 1117 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information urate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information polled with this filing d indicated on this report or supply ntal report is true an of the corporation or the rece changed, or on an attachmen

SIGNATURE:

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DOCUMENT # P93000036354						Bo104953 083100				
1. Entity Nam)U3U3U4								
MASTER	BLASTER OF ORLANDO,	INC.								
Principal Place	e of Business	Mailing Address								
2349A BRENGL		2349A BRENGLE AVE.								
A ORLANDO FL 32808 US		a Orlando fl 32808 Us						or Physics and Mark	s:	
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NO	OT WRITE IN THI	S SPACE		
City & State	Э	City & State			4. F	El Number 59-3	184892		plied For t Applicable	
Zip	Country	Zip	Zip Count		5. (5. Certificate of Status Desired See, Required Fee, Required				
	6:-Name and Address of Curre	nt Registered Agent	<u> </u>		7. N	lame and Address o	New Registere	d Agent		
THOMPSON, WAYNE				Name						
	MPSON, WATNE 5 PINE ST		Street Address			ox Number is Not Acc	eptable)			
MEL	BOURNE BEACH FL 32951									
	•			City			F	Zip Code	e i	
8. The above	named entity submits this statement	for the purpose of changing its	s register	ed office or i	egistered ag	ent, or both, in the Sta	te of Florida.	<u>+</u> _		
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SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registere	d Agent signatur	e required when re	instating)	DATE	:	}	
9. This corpo	pration is eligible to satisfy its Intangil	ble FILE NOW				10. Election Camp	aion Financino	\$5.0	0 мау Ве	
_	equirement and elects to do so.	After SEPTEMBER 13, 2000 Min. will be Make Check Payable to Department of				Trust Fund Cor	-		to Fees	
11.		ND DIRECTORS	12.			I DITIONS/CHANGES	TO OFFICERS A	ND DIRECTORS	S IN 11	
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NAME STREET ADDRESS			NAM . STRE	ie Eet address						
CITY-ST-ZIP		1	CITY	-ST-ZIP						
13. I hereby of indicated of the corphanged	certify that the information supplied vo on this report or supplemental repor poration or the receiver or supplemental or on an attachment with speadares	with this filing does not qualify for t is true and accurate and that inpowered to execute this reports, with all other like empowered	or the exe my signa t as requi	mption state ture shall ha red by Chap	ed in Section ve the same oter 607, Flori	119.07(3)(i), Florida S legal effect as if made da Statutes; and that	tatutes. I further a under oath; that my name appear	certify that the in I am an officer s in Block 11 or	nformation or director Block 12 if	