FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 06, 2000 8:00 am Secretary of State DOCUMENT # P93000055851 ALTON INDUSTRIES, INC. 03-06-2000 90041 048 ***150.00 Principal Place of Business Mailing Address 405 UNITED DRIVE ... UNITED DRIVE PUDDUTATOO .. SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168-5952 2. Principal Place of Business 3. Mailing Address P.O. Box 818 405 United Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3229188 Bch, F1 New Smyrna Beh, FL New Smyrna Not Applicable Country **\$8.75** Additional— ~ П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRADLEY, DAVID J Street Address (P.O. Box Number is Not Acceptable) 2424 TECCA DRIVE **NEW SMYRNA BEACH FL 32168** 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 SIGNATURE 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 filling 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 12. 11. Change Addition ☐ Delete TITLE Bradley, David J. 225 N. Glencoe Rd. BRADLEY, DAVID J NAME 2424 TECCA DRIVE STREET ADDRESS STREET ADDRESS Vew Smyrna Beach, FL 32168 CITY-ST-ZIP CITY-ST-7/P **NEW SMYRNA BEACH FL 32168** Change ST ☐ Delete TITLE TITLE Bradley, Patricia BRADLEY, PATRICIA NAME NAME STREET ADDRESS 2424 TECCA DRIVE aas N. Glencoe Rd. STREET ADDRESS CITY-ST-ZIP vew Smyrna Beach, Fl てるりゅく CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168** Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY - ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE

CITY-ST-ZIP 13. I hereby 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS