*2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am Secretary of State P94000003570 DOCUMENT # 1. Entity Name 05-20-2002 90084 043 ***150.00 FLAMINGO MOTORWERKS, INC. Principal Place of Business Mailing Address 930 N. BEAL PARKWAY 930 N. BEAL PARKWAY FORT WALTON BEACH FL 32547 FORT WALTON BEACH FL 32547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3216867 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOREA, KING C Street Address (P.O. Box Number is Not Acceptable) 69 INDIAN BAYOU DR DESTIN FL 32541 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 Signature, typed or printed name of registered agent and title if 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. (10/6) TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME morea, king C NAME CR2E034 STREET ADDRESS 69 INDIAN BAYOU DR STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change HIPPS, MARILEA NAME STREET ADDRESS |69 Indian Bayou Dr STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME _ NAME? STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

address, with all other like empowe

ED OR PRINTED NAME OF SIGN

changed, or on an attachment with an

SIGNATURE:

FILED