2001 UNIFORM BUSINESS REPORT (UBR)

Jul 10, 2001 8:00 am Secretary of State DOCUMENT # P94000017167 1. Entity Name 07-10-2001 90003 022 ***150 00 TURBOSALES INC. Principal Place of Business Mailing Address % 5150 S. FLORIDA AV ★ 5150 S. FLORIDA AV BLDG. C. SUITE #308 BLDG. C. SUITE #308 LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0476581 Not Applicable _Country \$8:75-Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HODGES, DEREK Street Address (P.O. Box Number is Not Acceptable) % 5150 S. FLORIDA AV BLDG, C. SUITE #308 LAKELAND FL 33813 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, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) ☐ Addition TITLE Change TITLE Delete HODGES, DEREK NAME NAME STREET ADDRESS 5150 S FLORIDA, BLDG C #308 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 Addition TITLE Delete TITLE ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-ZW CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADORESS STREET ADDRESS

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 ampowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if charged, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: 4

CITY-ST-ZIP

HODGES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED