FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90768 045 ***150.00

DOCUMENT # P95000001182

1. Entity Name
TEXATRON, INC.

10035406

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13660 - 74th Ave N.	13660 - 74th Ave N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEMINOLE, FL	City & State: SEMINOLE, FL
Zip: 33776 Country: USA	Zip: 33776 Country: USA

4. FEI Number: 59-3294417 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FIALA, JOSEPH J.

Street Address (P.O. Box Number is Not Acceptable): 13660 - 74th Avenue North

City: SEMINOLE FL Zip Code: 33776

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ JOSEPH J. FIALA 3/5/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D.	
NAME FIALA, JOSEPH J.	
STREET ADDRESS 13660 - 74th AVE NORTH	
CITY-ST-ZIP SEMINOLE, FL 33776	
TITLE D.	
NAME FIALA, GARRICK J.	
STREET ADDRESS 13660 - 74th AVE NORTH	
CITY-ST-ZIP SEMINOLE, FL 33776	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Joseph J. Fiala 3/5/2003 (727)392-9230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 7

CORRECTION OF ADDRESS NEEDED

10035406

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001182

1. Entity Name
TEXATRON, INC.

Principal Place of Business	Mailing Address
1360 74TH AVE NORTH SEMINOLE, FL 33776	1360 74TH AVE NORTH SEMINOLE, FL 33776

→ 13660 - 74th AVE NORTH !!

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
13660 - 74th Ave North	13660 - 74th Ave N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEMINOLE, FL	City & State: SEMINOLE, FL
Zip: 33776 Country: USA	Zip: 33776 Country: USA

4. FEI Number 59-3294417 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIALA, JOSEPH J
6449 38TH AVE. NORTH
SUITE A-4
ST. PETERSBURG, FL 33710

7. Name and Address of New Registered Agent

Name: FIALA, JOSEPH J
Street Address (P.O. Box Number Is Not Acceptable): 13660 - 74th Avenue North
City: SEMINOLE FL Zip Code 33776

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Joseph J. FIALA [signature] 3/5/2003
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FIALA, JOSEPH J ☐ Delete
STREET ADDRESS	6449 38TH AVE. NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	D
NAME	FIALA, GARRICK J ☐ Delete
STREET ADDRESS	6449 38TH AVE. NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D. ☐ Change ☐ Addition
NAME	FIALA, JOSEPH J.
STREET ADDRESS	13660 - 74th Avenue North
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	D. ☐ Change ☐ Addition
NAME	FIALA, GARRICK J.
STREET ADDRESS	13660 - 74th Ave North
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Joseph J. FIALA 3/5/2003 (727) 392-9230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #