2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\mathtt{FILED} DOCUMENT # P95000007628 May 08, 2000 8:00 am Secretary of State ANDERSON AMERICAN PRECISION, INC. 05-08-2000 90026 044 ***150.00 Principal Place of Business Mailing Address 421 SHEARER BLVD. 421 SHEARER BLVD. COCOA FL 32922-7249 COCOA FL 32922 2. Principal Place of Business 3. Mailing Address 185 LAKE View BIVD 285 LAKE View BIVD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number City & State 59-3293134 FL Cocoa Not Applicable Cocoa Country Brevard Zip \$8.75 Additional Country 5. Certificate of Status Desired 32926 Brevand 32926 Fee Required_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Anderson Runald E. Street Address (P.O. Box Number is Not Acceptable) 285 LAKE VICW BIVO ANDERSON, RONALD E 421 SHEARER BLVD. See change COCOA-FL 32922 Cocoa 32926 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. (NOTE: Registered Agent signature required when reinstating) ed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 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. Change ☐ Addition Delete TITLE TITLE Anderson Ernest S. 3165 N. AIA Fountain Covc ANDERSON, RONALD E NAME NAME STREET ADDRESS STREET ADDRESS 2511 N. FRIDAY ROAD CITY-ST-ZIP Cocoa Beach FL 32932 CITY-ST-ZIP **COCOA FL 32926 Addition** TITLE □ Delete Anderson, Edith 3165 N. AIA Fountain Cove NAME STREET ADDRESS STREET ADDRESS Cocoa, Beach, FL 32932 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Cossentino, Antonette M. NAME NAME 3805 FAY BIVY. STREET ADDRESS STREET ADDRESS Port St. John, FL 32927 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

4-24-00 321-639-0914
Date Devine Phone #