2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 03, 2002 8:00 am Secretary of State DOCUMENT # P95000019158 1. Entity Name 05-03-2002 90164 044 ***150 00 TREASURE COAST MACHINE, INC. Principal Place of Business Mailing Address 3081 SE SLATER STREET 3081 SE SLATER STREET STUART FL 34997 STUART FL 34997 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0584257 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KALINOWSKI, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 542 SW Keats Ave -1494 SW-LOCKS-ROAD-Palm City, FL 34990 STUART FL-34997 City Zip Code FL 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, 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME KALINOWSKI, JENNIFER NAME 542 SW Keats Ave. STREET ADDRESS STREET ADDRESS 1494-SW LOCKS ROAD Palm City, FL 34990 STUART FL-34997 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME KALINOWSKI, GARY NAME 542 SW Keats Ave. Palm City, FL 34990 STREET ADDRESS STREET ADDRESS 1494-SW-LOCKS ROAD CITY-ST-ZIP STUART FL-34997 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered.

FILED