2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P95000030214 Apr 27, 2000 8:00 am Secretary of State ADVANCED MACHINING, INC. 04-27-2000 90120 045 ***150.00 Principal Place of Business Mailing Address 333 W MARION AVE 333 W MARION AVE HNIT 15 UNIT 15 EDGEWATER FL 32132 EDGEWATER FL 32132-3571 2. Principal Place of Business 1500 AIRWAY . Mailing Address 1500 Airway linde Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For 59-3308633 Deach M Not Applicable USA \$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 KAYAT, ROBERT E (P.O. Box Number is Not Acceptable) 333 W MARION AVE **UNIT 15 EDGEWATER FL 32132** 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 STATES CONT S (Signature, typed of printed name of registered agent and title if applicable) 1. Associate (NOTE, Registered Agent signature required when reinstating) 1. 1. Associate (NOTE) 1. Assoc FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Rayat, Robert & ☐ Delete TITLE KAYAT, ROBERT E 1500 Airway Circle NAME STREET ADDRESS STREET ADDRESS 333 W MARION AVE CITY-ST-ZIP CITY-ST-ZIP EDGEWATER FL 32132 ■ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NÅME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE 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 changed, or on an attachment with an address, with all other like empowered.