2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State DOCUMENT # **P95000040761** 1. Entity Name STONEAGE FABRICATION, INC. 04-16-2001 90475 007 ***150 00 Principal Place of Business Mailing Address 4440 US HWY 1 4440 US HWY 1 VERO BEACH FL 32967 VERO BEACH FL 32967 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0577590 Not Applicable Zip 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 WEINBRECHT, SCOTT Street Address (P.O. Box Number is Not Acceptable) 432 CONHA DR SEBASTIAN FL 32958 City Zip Code entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ature, 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE WEINBRECHT, SCOTT NAME STREET ADDRESS 432 CONCHE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBASTIAN FL 32958 TITLE Change ☐ Addition Delete TITLE WEINBRECHT, DONNA M NAME NAME STREET ADDRESS STREET ADDRESS 432 CONCHE DR CITY-ST-ZIP CITY-ST-ZIP

SEBASTIAN FL 32958 ☐ Delete TITLE ☐ Change Addition TITLE ESPICH, MARK NAME NAME STREET ADDRESS STREET ADDRESS 1806 31ST AVE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 Change ☐ Addition TITLE ☐ Delete TITLE ESPICH, LAURA E NAME NAME STREET ADDRESS 1806 31ST AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

561-569-7135

Daytime Phone #

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