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Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90390 043 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076290

90069008

1. Entity Name
PRESSURE KING, INC.

Principal Place of Business	Mailing Address
2830 E. BEARSS AVENUE TAMPA, FL 33613 US	2830 E. BEARSS AVENUE TAMPA, FL 33613 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
17918 BAHAMA ISLE CIR	17918 BAHAMA ISLE CIR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FLORIDA	City & State: TAMPA, FLORIDA
Zip: 33647 Country: USA	Zip: 33647 Country: USA

4. FEI Number: 65-0611023 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
JOHNSTON, STEPHEN E II
2830 E. BEARSS AVENUE
TAMPA, FL 33613

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number Is Not Acceptable): 17918 BAHAMA ISLE CIR
City: TAMPA FL Zip Code: 33647

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 [signature] STEPHEN E. JOHNSTON II PRES. 3/27/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHNSTON, STEPHEN E II 2830 E. BEARSS AVENUE TAMPA, FL 33613	☐ Delete	17918 BAHAMA ISLE CIR. TAMPA, FL 33647	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~THOMPSON, JOHN~~ ~~2830 E. BEARSS AVENUE~~ ~~TAMPA, FL 33613~~	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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] STEPHEN E. JOHNSTON II PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/27/03 — Daytime Phone #: 813-490-4663