2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012855 May 30, 2000 8:00 am Secretary of State CHELTEC, INC. 05-30-2000 90043 044 ***150.00 Principal Place of Business Mailing Address 2215 INDUSTRIAL BLVD. P.O. BOX 3406 SARASOTA FL 34230-3406 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address 2215 INDUSTRIAL BLVD. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0642687 SARASOTA, FL. Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34234 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELANCY, DENISE A Street Address (P.O. Box Number is Not Acceptable) 2215 INDUSTRIAL BLVD. SARASOTA FL 34234 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 DATE 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, 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 OFFICERS AND DIRECTORS 11. 12. X Change Addition ☐ Defete TITLE. PRESIDENT DELANCY, DENISE A NAME NAME 2215 INDUSTRIAL BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE DOTY, ROBERT W NAME NAME 2820 BRETON WOODS STREET ADDRESS STREET ADDRESS SARASOTA FL 34234 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE **SECRETARY** NAME NAME SYLVIA FIELD STREET ADDRESS STREET ADDRESS 2125 MAGNOLIA STREET CITY-ST-ZIP CITY-ST-ZIP SARASOTA,FL. <u> 34239</u> ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

DENISE DEL'ANCY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

4-29-00

941-355-1045

Daytime Phone #