2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT #: **P96000024304** Sep 11, 2000 8:00 am Secretary of State ADVANCED CARBON COMPOSITES, INC. 09-11-2000 90072 037 \*\*\*550.00 Principal Place of Business Mailing Address 6129 ANNO AVE. 6129 ANNO AVE. ORLANDO FL 32809 ORLANDO FL 32809 2.-Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3367595 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 SIEGEL, LESLIE B Street Address (P.O. Box Number is Not Acceptable) 6129 ANNO AVE. ORLANDO FL 32809 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 gistered agent and title if applicable Signature, typed or printed FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSD** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME DAVIS, KIM NAME STREET ADDRESS STREET ADDRESS 1272 WINDSONG RD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 Change ☐ Addition □ Detete NAME SIEGEL, LESLIE B STREET ADDRESS 990 PACES CIRCLE #300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ATURE REQUUESTIE B. Siegel

8/29/00 407.859.615