2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # P96000026594 KING ENVIRONMENTAL PRODUCTS, INC. 01-29-2000 90116 028 ***150.00 Principal Place of Business Mailing Address P.O. BOX 771432 7504 WILES RD CORAL SPRINGS FL 33077-1432 SUITE 202 80010523 CORAL SPRINGS FL 33067 2. Principal Place of Business 3. Mailing Address 544 WILES RD Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 102 AND 104 City & State Applied For 4. FEI Number 65-0656763 CORAL SPRINGS Not Applied Country \$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. LAMANNA, PATRICK 7544 WILES ROAD SUITE 103 **CORAL SPRINGS FL 33067** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 12. 11. D ☐ Addition ☐ Delete TITLE LAMANNA, PATRICK 7544 WILES ROAD SUITE 104 NAME LAMANNA, PATRICK STREET ADDRESS STREET ADDRESS 7544 WILES ROAD SUITE 103 CORAL SPRINCS FL 33067 CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL 33067 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change .Delets TITLE ... TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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