2000 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # P96000026669 1. Entity Name WESCOM INDUSTRIES, INC. 05-05-2000 90024 035 ***150.00 Principal Place of Business Mailing Address 4011 BAY VILLA AVENUE ICI: BAY VILLA AVENUE TAMPA FL 33611-1223 IAMPA FL 33611 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-33**9**1538 Not Applicable 59 339 1538 Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WESTON, STEPHEN P Street Address (P.O. Box Number is Not Acceptable) **4011 BAY VILLA AVENUE TAMPA FL 33611** Zip Code 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 Stephen P. Westo SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE WESTON, STEPHEN NAME NAME STREET ADDRESS 4011 BAY VILLA VE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change Addition Vice President ☐ Delete TITLE TITLE WESTON TRACY NAME NAME STREET ADDRESS 4011 BAY VILLA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL -Addition Delete TITLE Treasures Weston, Tracy You Bay Villa toe WESTON, TRACY NAME NAME STREET ADDRESS 4011 BAY VILLA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tampa fl ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ Delete

4/24/00

Daytime Phone #

☐ Change

☐ Addition