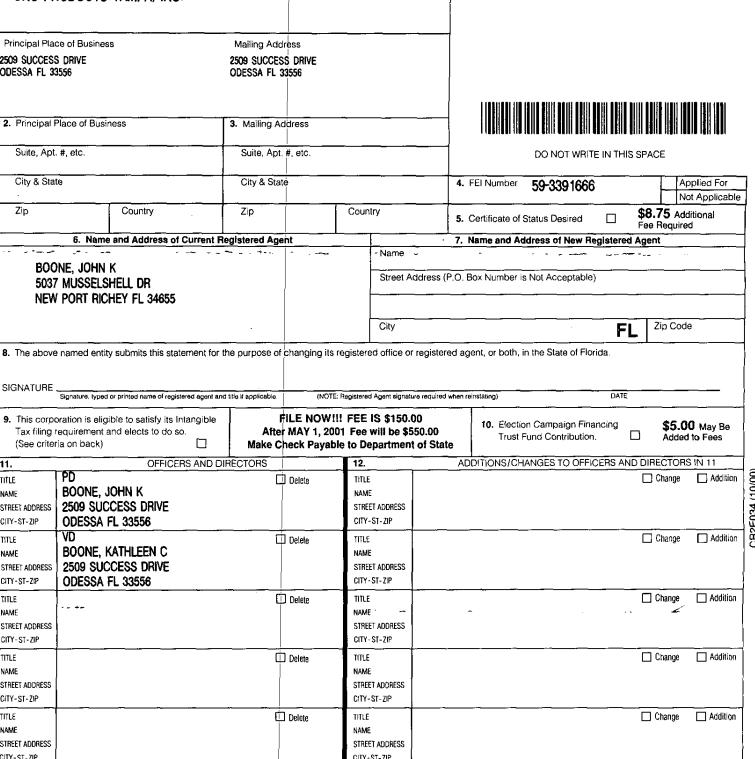
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060279 1. Entity Name CNC PRODUCTS TAMPA, INC. Principal Place of Business Mailing Address 2509 SUCCESS DRIVE 2509 SUCCESS DRIVE ODESSA FL 33556 ODESSA FL 33556 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent

FILED May 16, 2001 8:00 am Secretary of State

05-16-2001 90392 050 ***150.00



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

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADORESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Delete

Delete

Delete

Delete

Delete

Delete

SIGNATURE:

BOONE, JOHN K

5037 MUSSELSHELL DR **NEW PORT RICHEY FL 34655**

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

BOONE, JOHN K

ODESSA FL 33556

2509 SUCCESS DRIVE

BOONE, KATHLEEN C

2509 SUCCESS DRIVE

ODESSA FL 33556

(See criteria on back)

11.

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition