FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmer

SIGNATURE:

Aug 29, 2001 8:00 am Secretary of State DOCUMENT # P96000065167 3. Entity Name 08-29-2001 90015 019 ***550 00 WEKSLER GLASS THERMOMETER CORP. Principal Place of Business Mailing Address 990 S. ROGERS CIRCLE 990 S. ROGERS CIRCLE SUITE 10 SUITE 10 **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 11-1800631 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 MARKS, KEVIN Street Address (P.O. Box Number is Not Acceptable) 990 S ROGERS CIRCLE SUITE 10 **BOCA RATON FL 33487** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (2/01) TITLE TITLE ☐ Change ☐ Addition Delete MARKS, PETER NAME NAME CR2E034 7388 MAHOGANY BEND CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33434 CITY-ST-ZIP ☐ Change ☐ Addition TOTALE Delete TITLE SHAVELSON, KENNETH NAME STREET ADDRESS 3850 NW 53RD ST STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME marks, kevin NAME STREET ADDRESS STREET ADDRESS 990 S ROGERS CIRCLE SUITE 10 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Julify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information pplied with this filing does not indicated on this report or supple of the corporation or the received tal report is true rustee empowe