2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2001 8:00 am⁵ Secretary of State DOCUMENT # P96000091182 1. Entity Name 05-16-2001 90018 035 ***150.00 HELI-ART WELDING, INC. Principal Place of Business Mailing Address 4399 SW CALAH CIR 4399 SW CALAH CIR 000066 PORT ST LUCIE FL 34953 PORT ST LUCIE FL 34953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEi Number 65-0710805 Not Applicable Zip Country Zip 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 KENT, PATRICK Street Address (P.O. Box Number is Not Acceptable) 4399 SW CALAH CIR PORT ST LUCIE FL 34953 Zip Code City FI 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE ☐ Defete TITLE Change KENT, PATRICK NAME NAME STREET ADDRESS STREET ADDRESS 4399 SW CALAH CIR CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34953 ☐ Delete Addition TITI E TITLE Change NAME KENT, DIANE NAME STREET ADDRESS STREET ADDRESS 4399 SW CALAH CIR CITY_ST_7IP CITY-ST-7IP PORT ST LUCIE FL TITLE ☐ Delete TITLE Change ☐ Addition NAME KENT, DIANE NAME STREET ADDRESS 4399 SW CALAH CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PT ST LUCIE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME

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

STREET ADDRESS

CITY-ST-ZIF

Diane Kentvice-PRES. 4/28/01(561) 336-8883

F SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)