2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 20, 2002 8:00 am Secretary of State P97000015630 DOCUMENT # 05-20-2002 90094 029 ***150.00 NATIONAL POWERTRAIN, INC. Principal Place of Business Mailing Address 505 N MYRTLE AVE 505 N MYRTLE AVE JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 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 59-3444696 Not Applicable Zip. s 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 Andrew Τ. Harris TRITT, ARNOLD D JR Street Address (P.O. Box Number is Not Acceptable) 1207 Oriental Gardens 2222 PARK STREET JACKSONVILLE FL 32204 Jäcksonville 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. gent 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) ☐ Delete TITLE ☐ Addition TITLE STATE Change HARRIS, ANDREW T NAME NAME CR2E034 1207 ORIENTAL GARDENS STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE X Detete TITLE ☐ Change HARRIS, ELSIE D NAME NAME 1742 OCEAN GROVE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTIC BCH FL 32233 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete `□ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE ☐ Channe NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-7IP