2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SUITE 302

4134 GULF OF MEXICO DRIVE

DOCUMENT # P9700023162

1. Entity Name

Principal Place of Business

1134 GULF OF MEXICO DRIVE

SIGNATURE:

SELECT INDUSTRIES (U.S.A.) INC.

KEY FL 34228 LONGBOAT KEY FL 34228-2614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0738284 Not Applicable Zip 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 Name COLES, DERICK M-Street Address (P.O. Box Number is Not Acceptable) 4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228 City 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) 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, 2000 Fee will be \$550.00 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 12. 11. PD IN House Course TITLE ☐ Change TITLE ☐ Delete FREDERICK DE PASQUALE COLES, DERICK M NAME NAME 4134 GULF OF MEXICO DRIVE 4134 GULF OF MOXICO DRIVE STREET ADDRESS STREET ADORESS **LONGBOAT KEY FL 34228** CITY-ST-ZIP CITY-ST-ZIE LONGBOAT KEY FL34228 Vď FO ☐ Change ☐ Delete TITLE TITLE COLES, JASON D H. Martin L NAME NAME #134 Grulfo AlMerica Drive 4134 GULF OF MEXICO DRIVE STREET ADDRESS STREET ADDRESS LONGBOAT KEY-FL 34228 CITY-ST-ZIP CITY-ST-ZIE SD Change ☐ Addition TITLE ☐ Delete TITLE BROWN, ANTHONY J. NAME NAME 4134 GULF OF MEXICO DR STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIF CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED

May 17, 2000 8:00 am Secretary of State

Daytime Phone #

05-17-2000 90941 043 ***150.00