1/18/01-

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 09, 2001 8:00 am DOCUMENT # P97000071246 Secretary of State 1. Entity Name FINO MOTION PRODUCTS, INC. 01-18-2001 90015 029 ***150.00 Principal Place of Business Mailing Address 1820 28 AVESE, 4500 CAPRI DRIVE 4560 CAPRI DRIVE NAPLES FL 34103 NAPLES FL 34103 NAPLES FL us-34117 2. Principal Place of Business 2820 28 THE SE 3. Mailing Address スタンの スタ「生 AV, Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State NA PLC 5 City & State 4. FEI Number Applied For 65-0798708 Not Applicable Country il 5A \$8.75 Additional 5. Certificate of Status Desired 34/17 COLLIER 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELL, LOREN A 1820 28THAV, S.E. _ NAPLES, 54, 34117 Street Address (P.O. Box Number is Not Acceptable) 4560 CAPRI DRIVE NAPLES FL 34103 Zip Code APLES FL statement for the purpose of charging its registered office or registered agent, or both, in the State of Fiorida 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. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE BELL, LOREN A NAME NAME STREET ADDRESS 4560 CAPRI DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34103 V. PRes. Delete TITLE BELL. ROBERTA E NAME NAME STREET ADDRESS 4560 CAPRI DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 ☐ Defete TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

YOBERTA BELL

Delete

941 - 348*433*5