2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** May 31, 2000 8:00 am Secretary of State P97000090357 1. Entity Name PRECISION ENGINE REBUILDING NORTH, INC. 05-31-2000 90072 029 \*\*\*150.00 Principal Place of Business Mailing Address 116 W. COMPTON AVE. 116 W. COMPTON AVE. ORLANDO, FL 32806 ORLANDO, FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3511967 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 MONROE, STEVEN 116 W. COMPTON AVE. Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32806 Zip Code FL 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, 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 W Tax filing requirement and elects to do so. 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Department of State (See criteria on back) Trust Fund Contribution Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. D/PTITLE ☐ Delete TITLE Addition MONROE, STEVEN NAME NAME STREET ADDRESS 116 W. COMPTON AVE. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-7IP ☐ Delete TITLE Change ☐ 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-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 changed, or on an attachment with a padgress, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

STEVEN MONROE

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

407-423-7441

Daytme Phone #