2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P97000109089 PRECISION ELECTRONIC SYSTEMS. INC. 03-20-2000 90085 011 ***150.00 Mailing Address Principal Place of Business 8420 ULMERTON RD. SUITE #406 8420 ULMERTON RD. SUITE #406 LARGO FL 33779-1026 LARGO FL 33771 2. Principal Place of Business 3. Mailing Address 9 0. 130X 1026 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-3487390 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUNTER FRANK HUNTER, RALPH A Street Address (P.O. Box Number is Not Acceptable) 8420 ULMERTON RD, SUITE #406 **LARGO FL 33771** SEMINOLE **ヌヌフフ**6 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CIN CIVIE ☐ Delete TITLE HUNTER FRANK HUNTER, RALPH A NAME 14241-83PL. NO. 8420 ULMERTON RD, SUITE #406 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LARGO FL 33771** CITY-ST-ZIP SEMINOLE, FL. 33776 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ De'ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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

SIGNATURE: _

CITY-ST-ZIP

3/14/2000 727 535 855