2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 17, 2003 8:00 am Secretary of State P98000006203 DOCUMENT # 04-17-2003 90626 032 ***150.00 1. Entity Name KNAUFF ENGINEERING, INC. Principal Place of Business Mailing Address 17394 118TH TERRACE 17394 118TH TERRACE JUPITER FL 33478 JUPITER FL 33478 3. Mailing Address P. O. Box 1278 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0804155 JUPITER Not Applicable 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 KNAUFF, DOUGLAS G Street Address (P.O. Box Number is Not Acceptable) 17394 118TH TERRACE JUPITER FL 33478 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE ☐ Addition P.O. BOX 1278 Ed. 33458 KNAUFF, DOUGLAS G NAME NAME STREET ADDRESS 17394 118TH TERRACE STREET ADDRESS JUPITER FL 33478 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ↑ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

12. 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 10 or Block 11 if changed, or on an attachinent with an address, with all other like approximately.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED