FIIFD FOR PROFIT CORPORATION UNIFORM BUSINESS RÉPORT (UBR) 02 OCT 17 AM 10: 49 DOCUMENT #] 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA FLywheels DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address PO BOX 12310 NW 62 nd Terrore 2269 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For CHIEFLAND HIEFCAND 59=349471.8 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3564 Fee Required 7. Name and Address of Current Registered Agent TROX FOWLER DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 12310 NW 62 NO TERRACE IN THIS SPACE CHIEF LAND Zip Code 32626 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. Advances Secretor Treasure egistered agent end tagel applicable (NOTE Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS PRESIDENT TITLE TITLE CR2E034B (12/01) TROY FOWLER NO TERRACE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIEFLAND FL 32626 CITY-ST-ZIP TITLE Glenn Chenning, Secre-NAME NAME STREET ADDRESS STREET ADDRESS CHIEFLANDER 32626 CITY-ST-ZIP CITY-ST-ZIP THLE: TITLE NAME NAME_ STREET ADDRESS STREET ADDRESS DO-NOT-WRITE CITY-ST-ZIP CITY-ST-7IP-TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

em C. Chemning

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352-222-650

9-30-02