2000 UNIFORM BUSINESS REPORT (UBR) Apr 20, 2000 8:00 am Secretary of State DOCUMENT # P98000052539 1. Entity Name ACE METAL POLISHING CO., INC. 04-20-2000 90099 045 ***150.00 Principal Place of Business Mailing Address 6223 29TH STREET EAST. UNIT 2 6223 29TH STREET EAST, UNIT 2 **BRADENTON FL 34203** BRADENTON FL 34203-5342 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0843543 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEPHEN F. VOIGT, P.A. Street Address (P.O. Box Number is Not Acceptable) 2414 BEE RIDGE ROAD SARASOTA FL 34239 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Addition ☐ Change TITLE ☐ Delete RAUSCH RUSSELL. DEBBIE M NAME NAME 6111 55TH AVE CIR E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** ☐ Addition TITLE ☐ Change Delete RAUSCH, GLENN D NAME NAME 6111 55TH AVE CIR E STREET ADDRESS STREET ADDRESS **BRADENTON FL 34203** 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 TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not quality 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 all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

TITLE NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-7IP

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ Delete

☐ Delete

4/11/00 94/727 480;

☐ Change

Change

☐ Addition

☐ Addition