2000 UNIFORM BUSINESS REPORT (UBR) Sep 12, 2000 8:00 am Secretary of State DOCUMENT # P98000068505 1. Entity Name DANNICK METAL WORKS, INC. 09-12-2000 90007 040 ***550.00 Mailing Address Principal Place of Business 1312 SW 1ST WAY 1312 SW 1ST WAY DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 A0076211 3. Mailing Address 2. Principal Place of Business Dan Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0855738 DEERFIELD Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUDDY, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 1385 SW 14TH **BOCA RATON FL 33486** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 11 OFFICERS AND DIRECTORS ☐ Addition ☐ Delete TITLE Change TITLE BJORKLAND, DANIEL NAME MARKE STREET ADDRESS STREET ADDRESS 4541 NE 15TH AVE CITY-ST-ZIP CITY+ST+7IP POMPANO BEACH FL 33064 Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

9545716796

☐ Change

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■ Addition

☐ Addition

Daytime Phone #