FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P98000070883 FOX INDUSTRIES, INC. 04-16-2001 90008 008 ***150.00 Principal Place of Business Mailing Address 2002 CAROLINA CIR. NE 2002 CAROLINA CIR. NE ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3530507 Not Applicable Zip Country Zip 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 -Name FOX, DANIEL G Street Address (P.O. Box Number is Not Acceptable) 2002 CAROLINA CIR. NE ST. PETERSBURG FL 33703 City Zip Code F١ 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 \$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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete FOX. DANIEL G NAME STREET ADDRESS 2002 CAROLINA CIR NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33703 TITLE ☐ Delete TITLE ☐ Addition FOX, PENNY L NAME NAME STREET ADDRESS STREET ADDRESS 2002 CAROLINA CIR NE CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33703 TITLE TITLE - ---Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 respiver 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 apprecs, with all other like empowered.

SIGNATURE: W

FEAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

7275276864

Daytime Phone #