2000 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # P98000085168 1. Entity Name PRECISION RAIL AND IRON WORKS, INC. 05-03-2000 90125 001 ***150.00 Principal Place of Business Mailing Address 9091 130TH AVE. N. 9091 130TH AVE. N. LARGO FL 33773-1404 **LARGO FL 33773** 3. Mailing Address 2. Principal Place of Business 5565-644 WAY N 5565-64th WAY N. Ste. A Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3535696 PETERSBURG Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33709 33709 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Cynthia PRICE, CYNTHIA L Street Address (P.O. Box Number is Not Acceptable) 9091 130TH AVE. N LARGO FL 33773 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Subte of Florida OTE: 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 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 11. OFFICERS AND DIRECTORS TITLE DOW CYNTHIA L ☐ Addition TITLE ☐ Delete PRICE, CYNTHIA L NAME 5565-64+ WAY N. Saite A STREET ADDRESS 9091 130TH AVE. N STREET ADDRESS ST. Petersburg, 71 33709 CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773 (X) Change ☐ Addition ☐ Delete TITLE DOW, THOMAS A. --DOW, THOMAS A NAME NAME 5565-64KA WAY N. Ste. A STREET ADDRESS STREET ADDRESS 9091 130TH AVE. N CITY-ST-ZIP ST. PETERS BURG, 7L 33709 CITY-ST-ZIP LARGO FL 33773 Change Addition TITLE NAME PLEASE MOTE: STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition TITLE MY LAST NAME CHANGED DUE TO MARRIAGE. NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP MAIDEN NAME ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP further certify that the information I hereby certify that the inindicatéd on this report of ath: that I am an officer or director of the corporation or the r changed, or on an attach 4-25-00 SIGNATURE: