2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P98000108455 Apr 04, 2000 8:00 am Secretary of State REGAL ELECTRIC, INC. 04-04-2000 90034 014 ***150.00 Principal Place of Business Mailing Address 3424 ANTON COURT 3424 ANTON COURT NAPLES FL 34109-1574 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address BLUD 1495 RAIL HEAD RUVD 1495 RML HEAD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE Suite ප 4. FEI Number City & State Applied For City & State NAPUES Not Applicable NAPLES Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34110 34110 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUMSDEN, DENNIS J Street Address (P.O. Box Number is Not Acceptable) 6719 WINKLER COURT ROAD SUITE 121 FORT MYERS FL 33919 Zip Code 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 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. Change D/P/S/T Addition ☐ Delete TITLE TITLE KOCH, DAVID R NAME KOCH, DAVID R. NAME 1495-8 RAIL HERD RWD 3424 ANTON COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 MAPUTS. FL ☐ Change Delete TITLE TITLE JOSEPH G. VALGIZIO MITCHELTREE, JOHN L NAME NAME 1495-B RAIL HOMD RUD STREET ADDRESS 3424 ANTON COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 NAPUS FL 34110 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP + CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE 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 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.

DAMD R. KOCH