2002 UNIFORM BUSINESS REPORT (UBR)

May 14, 2002 8:00 am Secretary of State DOCUMENT # P99000004185 1. Entity Name 05-14-2002 90053 041 ***150.00 BOWLES AMALGAMATED INDUSTRIES, INC. Principal Place of Business Mailing Address 9 S.W. 13TH ST. 9 S.W. 13TH ST. FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315 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 65-0887602 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6._Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHSON, SEAN Street Address (P.O. Box Number is Not Acceptable) 9 S.W. 13TH ST. FORT LAUDERDALE FL 33315 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE Change ☐ Addition NAME **BOWLES, RODNEY** NAME 1424 SE 1474 ST STREET ADDRESS 1635. G. MIAMI-RD SUITE #8 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-7IP TITLE Delete TITLE Change Addition NAME **BOWLES, SUSAN** NAME STREET ADDRESS 1635 S. MIAMI RD. SUITE #8 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME **BOWLES. JEFFREY** NAME STREET ADDRESS 1635 S. Miami Rd. Suite #8 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME 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 ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

RODNEY

FILED