FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am 8 Secretary of State DOCUMENT # P99000019982 1. Entity Name STEINHAUS AND SON, INC. 05-14-2002 90056 044 ***150 00 Principal Place of Business Mailing Address 24111 REDFISH COVE 24111 REDFISH COVE PUNTA GORDA FL 33955 **PUNTA GORDA FL 33955** DO NOT WRITE IN THIS SPACE -4.-FEI.Number Applied, For 65-0915814 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESWAY, CHRISTOPHER D 4031 SW 7TH PLACE CAPE CORAL FL 33914 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 inted 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 Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) STEINHAUS, JLSE NAME STEINHAUS, JLSE NAME 4913 SW ISTA AVE STREET ADDRESS 24111 REDFISH COVE STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33955 Cape (ova (, FL. 33813 CITY-ST-ZIP TITLE Delete TITLE STEINHAUS HANS-DIETED Change NAME STEINHAUS, HANS-DIETER NAME STREET ADDRES 491-3-5-W-1874-AUG 24111-REDFISH=COVE= STREET ADDRESS: CITY-ST-ZIP PUNTA GORDA FL 33955 CITY-ST-ZIP Cape Coval FC. TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-\$T-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IF

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

☐ Delete

04.26.01. 239-541-1220

Change

Addition