2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

FILED DOCUMENT # P99000025051 Mar 16, 2000 8:00 am 1. Entity Name **Secretary of State** REGAL QUALITY MACHINING, INC. 03-16-2000 90093 023 ***150.00 Principal Place of Business Mailing Address 101-C DUNBAR AVE 101-C DUNBAR AVE OLDSMAR FL 34677 OLDSMAR FL 34677-2975 3. Mailing Address 2. Principal Place of Business 105 - E Dunbar Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3564153 Oldsmar Oldsmar Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired SA 34677 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 1200 ley 1)vane DOOLEY, DUANE Street Address (P.O. Box Number is Not Acceptable) 101-C DUNBAR AVE OLDSMAR FL 34677 105-E Dunbar Zip Code mgr <u> 34677</u> 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 Duane 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. D T Delete TITLE E034 (9/00) TITLE Stone A. Mark 10104 Forest Northet DOOLEY, DUANE NAME 101-C DUNBAR AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OLDSMAR FL 34677 CITY-ST-ZIP Tampa, Fl. 33615-1645 ☐ Change Addition ☐ Delete TITLE TITLE WHEELER, JOHN W NAME 10104 FOREST N CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33615-1645 ☐ Change Addition TITLE - - 🗀 Delete TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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