2001 UNIFORM BUSINESS REPORT (UBR) Aug 14, 2001 8:00 am Secretary of State P99000036348 DOCUMENT # 1. Entity Name T.C. CALVIT ENGINEERING, INC. 08-14-2001 90112 022 ***558.75 Principal Place of Business Mailing Address T.C CALVIT (ENGIRBERGE TER T.C CALVIT ENGIRBERGE TER 2735 ADAMS ST. 2735 ADAMS ST. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 US 2. Principal Place of Business 3. Mailing Address 2632 Houtwood вгпо 2632 Hourson Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 300 Suite 300 SU178 Gity & State City & State 4. FEI Number Applied For 65-0955917 tourwood OUTWOOD Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33020 US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAYE & ROGER, P.A. Street Address (P.O. Box Number is Not Acceptable) 6261 NW 6TH WAY SUITE 103 FORT LAUDERDALE FL 33309 City Zip Code 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. GNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 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 ☐ Delete TITLE Change ☐ Addition CALVIT, TIMOTHY C NAME NAME STREET ADDRESS 2735 ADAMS STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET, ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.

CITY-ST-ZIP

QUITELA: TIMOTHY C. CAW, 8/7/01