2001 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2001 8:00 am Secretary of State DOCUMENT # P9900040452 1. Entity Name HIGH PERFORMANCE GLASS & TINT COMPANY INC. 02-27-2001 90356 044 ***150.00 Principal Place of Business Mailing Address 1131 HWY, 90 P.O. Box 18425 ULUUUU CHIPLEY FL 32428 Panama City Bch Fl 32417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3573516 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required - 7. - Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JONES, GARRY B Street Address (P.O. Box Number is Not Acceptable) 705 GULFVIEW DR. PANAMA CITY BCH FL 32413 Zip Code City 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (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 X Addition ☐ Delete TITLE PAUL STEPHENS 612 4th 5t JONES, GARRY B NAME STREET ADDRESS 705 GULFVIEW DRIVE STREET ADDRESS Chipley Fl. 32428 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32413 ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZÍP CITY-ST-ZIP - Addition ☐ Delete -TITLE ---TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 received 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.

FILED

SIGNATURE: January Bythone Signing Officer or Director Date Date Date Destining Phone #