04-17-2001 90148 038 ***150.00 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3607927 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Zip Code (NOTE: Registered Agent signature required when reinstating) 10. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Addition ☐ Change

Apr 17, 2001 8:00 am Secretary of State

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083192 1. Entity Name R & D MACHINE AND ENGINEERING, INC.

Principal Place of Business 130 SCARLET BLVD OLDSMAR FL 34677-3002

Mailing Address

130 SCARLET BLVD OLDSMAR FL 34677-3002

US

2. Principal Place of Business Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

Suite, Apt. #, etc.

City & State

3. Mailing Address

6. Name and Address of Current Registered Agent

GIORDANO, JOHN N 220 SOUTH FRANKLIN STREET **TAMPA FL 33602**

Country

Country

Street Address (P.O. Box Number is Not Acceptable)

City

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE WHITLEY, CARL W NAME NAME STREET ADDRESS STREET ADDRESS 130 SCARLET BLVD CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677-3002 CFOS Delete TITLE TITLE WHITLEY, HILARY NAME NAME STREET ADDRESS 130 SCARLET BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP OLDSMAR FL 34677-3002 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME

I hereby certify that the information supplied with this filling 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

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARY WHITCE !