2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000083869 May 04, 2000 8:00 am 1. Entity Name Secretary of State CHARLOTTE ENGINEERING SPORTS GROUP II, INC. 05-04-2000 90248 001 ***476.25 Mailing Address Principal Place of Business 1700 EL JOBEAN ROAD 1700 EL JOBEAN ROAD PORT CHARLOTTE FL 33948-1249 PORT CHARLOTTE FL 33948 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 65-0951246 Zip Country \$8.75 Additional 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 DRUMMOND, TEMPLE H Street Address (P.O. Box Number is Not Acceptable) C/O KASS, SHULER, ET. AL. 1505 NORTH FLORIDA AVENUE TAMPA FL 33602 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 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 11. 12. Change TITLE Delete TITLE Vickstrom, Daniel M 505 20th Avenue, N.E. VICKSTROM, DANIEL M NAME NAME 1700 EL JOBEAN ROAD STREET ADDRESS STREET ADDRESS St. Petersburg, FL 33704 PORT CHARLOTTE FL 33948 CITY-ST-ZIP CITY-ST-ZIF X Addition Change Change ☐ Delete TITLE TITLE Cheatham, Donna H. State Route 1023 Garnett Hill Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Urbanna, VA 23175 CITY-ST-ZIP - 🖃 Change - 🗕 🔲 Addition -Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME

changed, or on an attachment with an address ke empowered. February 2, 2000

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 argurate 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

STREET ADDRESS

SIGNATURÉ:

Daniel M.

CITY-ST-ZIP