2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

FILED DOCUMENT # P99000084181 Apr 17, 2000 8:00 am Secretary of State 1. Entity Name **BAYONET POINT ENGINE REMANUFACTURING & MACHINING** 04-17-2000 90075 012 ***150.00 Principal Place of Business Mailing Address 18841 AMBERJAGK LANE - 6041 AMBERJACK LANE BAYONET POINT FL 34687 BAYONET POINT FL 34887-1709 UUU62433 2. Principal Place of Business 3. Mailing Address RhodesRd 826 7826 Rhodes Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 410 4. FEI Number Applied For City & State TUOSON City & State H 59-3564209 HULSON Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 3466 USA Fee Required A Z U 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIAVAROLI, RANDOLPH Street Address (P.O. Box Number is Not Acceptable) < 6841 AMBERJACK LANE BAYONET POINT FL 34867 9+10 HULSON 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 (NOTE: Registered Agent signature required when reinstating) 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, 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 12. 11. PSTD Pres. VICE Pres Delete ☐ Addition TITLE TITLE Chlavaroli, Randolph 7886 Rhodes Rd Ste 9+10 CHIAVAROLI, RANDOLPH NAME NAME 6841 AMBERJACK LANE STREET ADDRESS STREET ADDRESS **BAYONET POINT FL 34667** CITY-ST-ZIP CITY-ST-ZIP HUDSON 7L 34667 Addition TITLE ☐ Change TITLE ☐ Delete Pamela navarra NAME NAME 7826 Phodes Rd 3te 9+10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34667 CITY_ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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