2001 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # P99000103427 1. Entity Name FH1100 MANUFACTURING CORP. 05-04-2001 90158 016 ***150.00 Principal Place of Business Mailing Address 1912 HOLLEY TIMBER ROAD 1912 HOLLEY TIMBER ROAD COTTONDALE FL 32431 COTTONDALE FL 32431 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Industrial Blud 4. FEI Number Applied For APPLIED FOR LURIDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAN HEVEL, GEORGES Street Address (P.O. Box Number is Not Acceptable) 1912 HOLLEY TIMBER RD. COTTONDALE FL 32431 Industrial 6080 purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity su VanNevel GEORLES SIGNATURE (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, 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. ☐ Addition **PSTD** Delete TITLE TITLE Georges NAME **NEVEL, GEORGES V** NAME STREET ADDRESS STREET ADDRESS 1912 HOLLEY TIMBER ROAD CITY-ST-ZIP CITY-ST-ZIP **COTTONDALE FL 32431** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change 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-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 excurate 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 trusked emphasized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

er like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

04-26-2001

changed, or on an attachment with ar

SIGNATURE: