2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 04, 2000 8:00 am Secretary of State **DOCUMENT # \$10015** 1. Entity Name NYE ENGINEERING CO. INC. 04-04-2000 90013 021 ***158.75 Principal Place of Business Mailing Address 4020 GALT OCEAN DRIVE 4020 GALT OCEAN DRIVE SUITE 606 SUITE 606 FT LAUDERDALE FL 33308-6539 FT LAUDERDALE FL 33308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0229657 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NYE, DUDLEY D. Street Address (P.O. Box-Number is Not Acceptable) 4020 GALT OCEAN DRIVE SUITE 606 FT LAUDERDALE FL 33308 Zip Code 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. "Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE Change Addition ☐ Delete TITLE NYE, DUDLEY D. NAME NAME. STREET ADDRESS STREET ADDRESS 4020 GALT OCEAN DR #606 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Addition Change Delete TITLE TITLE NYE. ALFRED G III NAME STREET ADDRESS STREET ADDRESS 4020 GALT OCEAN DR. #606 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NYE, BETTY L. NAME STREET ADDRESS STREET ADDRESS 4020 GALT OCEAN DR #606 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change Addition TITLÉ ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE

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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP