2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # \$10634** Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** CONTINENTAL INTER-LOCK SYSTEMS, INC. 03-31-2000 90060 046 ***158.75 Principal Place of Business Mailing Address 5842 COMMERCE RD 5842 COMMERCE RD MILTON FL 32570 MILTON FL 32583-2317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3035343 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LYNCH, TERRY M. Street Address (P.O. Box Number is Not Acceptable) 5842 COMMERCE RD MILTON FL 32570 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, typed or printed name of registered agent and title if applicable. DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Change ☐ Addition TITLE TITLE ☐ Delete NAME LYNCH, TERRY M. NAME STREET ADDRESS 5842 COMMERCE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILTON FL Delete TITLE ☐ Change ☐ Addition HENZELMAN, HERBERT H. NAME NAME STREET ADDRESS 5842 COMMERCE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P **MILTON FL** Change **X** Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 3842 Commerce Rd CITY-ST-ZIP CITY-ST-ZIP milton FL 32583 ☐ Addition Change NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP ☐ Addition TITLE ☐ Change NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that ti tes. I further certify that the information of the corporation or changed, or on an at SIGNATURE:

SIGNATURE: Willa KNOWILONS IN ELL