2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # \$46734** May 17, 2000 8:00 am Secretary of State AYMAT POWER SPORTS, INC. 05-17-2000 90962 033 ***150.00 Principal Place of Business Mailing Address 3250 S.E. WEST SNOW ROAD VOI S.E. WEST SNOW ROAD ST. LUCIE FL 34984 PORT ST. LUCIE FL 34984-6525 2. Principal Place of Business 3. Mailing Address 12101 ASHTON MANOR WAY 12101 ASHTON MANOR WAY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #304 # 304 City & State Applied For City & State 4. FEI Number 65-0309380 Not Applicable ORLANDO, FL ORLANDO, FL Country Country \$8.75 Additional Zin 5. Certificate of Status Desired Fee Required 32828 U.S.A. 32828 U.S.A. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCLEAN, CAROL Street Address (P.O. Box Number is Not Acceptable) 140 ROYAL PALM WAY **SUITE 206** PALM BEACH FL 33480 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. 4/26/00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) red agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change . Addition ☐ Delete TITLE TITLE AYMAT, NOEL NAME NAME 3250 S.E. WEST SNOW ROAD 12101 ASHTON MANOR WAY #304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32828 PORT ST. LUCIE FL CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE PECKHAM, SHERRIE AYMAT, SHERRIE NAME 12101 ASHTON MANOR WAY #304 3250 S.E. WEST SNOW ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32828 CITY-ST-ZIP PORT ST. LUCIE FL ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change Addition TITLE TITLE 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 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.

STREET ADDRESS CITY-ST-ZIP

NAME

☐ Delete

SIGNATURE: _

TITLE

NAME 1 STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition