2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2000 8:00 am Secretary of State **DOCUMENT # \$48885** 1. Entity Name D & B MACHINE, INC. 04-27-2000 90100 027 ***150.00 Principal Place of Business Mailing Address 1855 61ST ST C/O JEFFERSON F. RIDDELL SARASOTA FL 34234 3400 S. TAMIAMI TR SARASOTA FL 34239-6093 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0257628 Not Applicable Zip 34243 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 RIDDELL, JEFFERSON F. Street Address (P.O. Box Number is Not Acceptable) 3400 S TAMIAMI TRAIL SARASOTA FL 34239 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ŊΡ ☐ Addition CR2E034 (9/99 TITLE ☐ Delete FROSTAD, DAVID L. NAME NAME GIST 2036-26TH ST STREET ADDRESS 15+ 3+ STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP Change 🔾 Addition ☐ Delete TITLE TITLE CHROMY-FROSTAD, BETTY D. NAME NAME 615+ 855 6154 St STREET ADDRESS 2036 20TH-ST 1885 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 34242 SARASOTA FL 34234 **X**Addition TITLE ☐ Delete TITLE NAME NAME Chromy, Jared J 6155 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34243 CITY-ST-7/P Sarasota, FL. ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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-ZIP ☐ Change ☐ Delete Addition TITLE 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 changed, or on an attachment with an address, with all like empowered. SIGNATURE: SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR