2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # V01329 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name A & R ELECTRONICS, INC. 04-27-2000 90070 026 ***150.00 Principal Place of Business Mailing Address 3408 S ATLANTIC AVE 3408 S ATLANTIC AVE DAYTONA BCH SHORES FL 32118-6311 DAYTONA BCH SHORES FL 32118 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0302509 Not Applicable Country Country Zip \$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 SZOSTAK, AARON Street Address (P.O. Box Number is Not Acceptable) 3408 \$ ATLANTIC AVE DAYTONA BCH SHORES FL 32118 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 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 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ■ Addition Delete TITLE TITLE SZOSTAK, AARON NAME NAME STREET ADDRESS STREET ADDRESS 3408 S ATLANTIC AVE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH SHORES FL 32118 Change ☐ Addition TITLE Delete TITLE SZOSTAK, ERNSTO L NAME NAME STREET ADDRESS :3408 S ATLANTIC AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DAYTONA BCH SHORES FL 32118 Delete TITLE ☐ Change ■ Addition BONDER, FELISA NAME NAME STREET ADDRESS 3408 S ATLANTIC AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH SHORES FL 32118 Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition C Celete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 employaged 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.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

904) 787-5009 Dayting Phone #