2000 UNIFORM BUSINESS REPORT (UBR) FILED May 26, 2000 8:00 am Secretary of State **DOCUMENT # V07808** 1. Entity Name BARREL & SCREW INTERNATIONAL, CORP. 05-26-2000 90108 025 ***150.00 Principal Place of Business Mailing Address P O BOX 560866 419 HAWK ST ROCKLEDGE FL 32955 **ROCKLEDGE FL 32956-0866** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3093138 Not Applicable \$8.75 Additional Zio Courry Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ESSERY, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 419 HAWK ST. ROCKLEDGE FL 32955 Zip Code City 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: Registerid 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition ·TITLE ☐ Delete ESSERY, ROBERT A NAME NAME 205 PALMETTO AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TI3/E NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIN E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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

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 chapted, or on a state-frequent with an additional proposed. changed, or on an attachment with an a

SIGNATURE:

Daytime Phone #