2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # V19104** TECTONIC SYSTEMS, INCORPORATED 04-26-2001 90096 049 ***150.00 Principal Place of Business Mailing Address 725 SW 16TH AVE 725 SW 16TH AVE BAY 6 BAY 6 00052039 DELRAY BEACH FL 33444 DELRAY BEACH FL 33444 US 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 65-0338088 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORSO, ROY E. Street Address (P.O. Box Number is Not Acceptable) 725 SW 16TH AVE BAY 6 **DELRAY BEACH FL 33444** City 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 agen; and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Wake Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Delete TITLE Addition ROY E. CORSO NAME NAME **6221 NW 74TH COURT** STREET ADDRESS STREET ADDRESS 701 North M Street CITY-ST-ZIP PARKLAND FL 33067 CITY-ST-ZIP Lake Worth, FL 33460 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREE: ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CitY-ST-ZIP ☐ Delete TITLE Change ☐ Addition

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 eath; 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

NAME

STREST ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNAURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy E. Corso 04/05/01

(561)279 - 2484

CR2E034 (10/00)