2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # V49714 May 26, 2000 8:00 am 1. Entity Name Secretary of State A-ALL WEATHER SERVICES, INC. 05-26-2000 90071 041 ***150.00 Principal Place of Business Mailing Address 7546 WEST MCNAB ROAD 7546 WEST MCNAB ROAD # B-28 # B-28 POMPANO BEACH FL 33068-5422 NO LAUDERDALE FL 33068 Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0344372 Not Applicable Country \$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 HUMPHRIES, WESLEY W. Street Address (P.O. Box Number is Not Acceptable) 7546 W. MCNAB RD #B-28 N. LAUDERDALE FL 33068 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE NAME HUMPHRIES, WESLEY W. STREET ADDRESS STREET ADDRESS 7546 W. MC NAB RD- #B28 CITY-ST-ZIP CITY-ST-ZIP N. LAUDERDALE FL 33068 ☐ Addition TITLE Delete OWENS, DENISE H. TITLE NAME 1546 W. MENAB ROOD # B JOKHA Landerdal, FC 330 OWENS, DENISE H NAME STREET ADDRESS STREET ADDRESS `7546`W. MC`NAB"RD- #B28 CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL 33068 ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITI F □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME था दह समित STREET ADDRESS STREET ADDRESS 211.12 Per CM 24 / 11. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition THILE FROM P . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Miller Standard CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: DELICIO DE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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