2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # 683731 1. Entity Name SPRING TECH., INC. 04-23-2001 90014 023 ***158 75 Principal Place of Business Mailing Address 6125 WEST 21 COURT 6125 WEST 21 COURT C/O CLIFFORD A. SPRING, JR. C/O CLIFFORD A. SPRING, JR. 642428 HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2048512 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 - SPRING, CLIFFORD A., JR. Street Address (P.O. Box Number is Not Acceptable) 7066 SW 161 WAY PEMBROKE PINES FL 33331 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 \Box 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 11. OFFICERS AND DIRECTORS 12. Change X Addition Delete TITLE TITLE NAME NAME SPRING, CLIFFORD A., JR. STREET ADDRESS STREET ADDRESS 7066 SW 161 WAY CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL TITLE ☐ Delete NAME NAME SPRING, RICHARD A. STREET ADDRESS STREET ADDRESS 1921 NW 180 WAY CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME

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 of 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 addres with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP