2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 27, 2000 8:00 am Secretary of State **DOCUMENT # G61266** 1. Entity Name ALOMEGA, INC. 03-27-2000 90111 044 ***150.00 Principal Place of Business Mailing Address 1768 BARKER ST NE 1768 BARKER ST NE PALM BAY 32 32907-2479 PALM BAY 32 32907-2479 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2325706 Not Applicable Country \$8.75 Additional Zip 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 LUNIW, GEORGE Street Address (P.O. Box Number is Not Acceptable) 1768 BARKER ST NE PALM BAY FL 32907 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 (NOTE: Registered Agent signature required when reinstating) 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. DTVS Change ☐ Addition PTV ☐ Delete TITLE TITLE LUNIU, GEORGE LUNIW, GEORGE NAME 1768 BARKER ST. N.E. STREET ADDRESS 1768 BARKER ST NE STREET ADDRESS PALM BAY, FLA C32907] CITY-ST-ZIP CITY-ST-7IP PALM BAY FL Delete ☐ Addition Change TITLE TITLE LUNIW, HELEN NAME STREET ADDRESS 1768 BARKER ST. NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY 79 Delete ☐ Addition TITLE ☐ Change TITLE LUNIW, HELEN NAME NAME STREET ADDRESS 1768 BARKER ST. NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY, FL 00000 ☐ Change TITI F Addition ☐ Delete 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-ZIP CITY - ST - ZIP

13. Thereby certify that the information supplied with this filling 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

Delete

☐ Change

☐ Addition