2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # G63380** 1. Entity Name LEONARD TECHNOLOGIES, INC. 04-23-2001 90020 032 ***150.00 Mailing Address Principal Place of Business 13637 185TH PLACE NORTH 13637 185TH PLACE NORTH JUPITER FL 33478 JUPITER FL 33478 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2392555 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name_ __ BECHTOLD, SHARON Street Address (P.O. Box Number is Not Acceptable) 13637 185TH JUPITER FL 33478 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (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 BECHTOLD, LEONARD NAME STREET ADDRESS 13637 185TH PLACE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL ☐ Addition Change STD TITI F □ Delete TITLE NAME BECHTOLD, SHARON NAME STREET ADDRESS 13637 185TH PLACE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL Change TITLE ☐ Addition ☐ Delete TITLE NAME . BECHTOLD, MICHAEL NAME STREET ADDRESS 13637 185TH PL NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL ☐ Addition ☐ Delete TITLE Change TITLE NAME 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 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

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