FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 23, 2001 8:00 am g Secretary of State DOCUMENT # N16510 1. Entity Name 05-23-2001 91174 013 ****61.25 -ABILITIES:ORG, INC. -AXON TECHNOLOGIES, INC. Principal Place of Business Mailing Address 2735 WHITNEY ROAD 2735 WHITNEY ROAD A0071288 CLEARWATER FL 33760 CLEARWATER FL 33760 2. Principal Place of Business 3. Mailing Address 6041 SIESTA LANE 6041 SIESTA LANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State PORT RICHEY City & State PORT RICHEY Applied For 4. FEI Number 59-2710084 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JENSEN, STEVEN R Street Address (P.O. Box Number is Not Acceptable) SOROTA, JOSEPH J., P.A. 28100 US 19 N #504 Zip Code 34668 **CLEARWATER FL 34621** ORT RICHEY 8. The above named entity submits this statement for the pyrpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE **FILE NOW:** 9. Election Campaigr Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE ☐ Change Addition TITLE ■ Delete JENSEN, STEVEN R. 8 6041 SIESTA LANE NAME NAME SOROTA, JOSEPH J. JR. STREET ADDRESS STREET ADDRESS 2201 PADDOCK CIRCLE CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY, FL 34668 DUNEDIN FL ☐ Change X Addition TITLE X Delete TITLE JENSEN, RITA NAME BOWMAN, GERALD J. NAME STREET ADDRESS STREET ADDRESS GOYI SIESTA LANE 10846 97TH STREET N. CITY-ST-ZIP CITY-ST-7IP PORT RICHEY FL-34668 SEMINOLE FL ■ Addition Delete TITLE Change TITLE JENSEN, ROSS NAME NAME BARNARD, RICHARD E STREET ADDRESS STREET ADDRESS GOYI SIESTA LANE 2735 WHITNEY ROAD CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668 CLEARWATER FL 33760 TITLE Delete TITLE ☐ Change ☐ Addition NAME SANDONATO, WILLIAM JR. NAME STREET ADDRESS STREET ADDRESS 1856 BARCELONA DR. CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify to 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 r ly 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Steven R. Jensen SIGNATURE: 5/10/01 7278429977XU

changed, or on an attachment with an address, with all other like empowered