## 2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P00000108925 1. Entity Name EXIGENT, INC. 04-10-2001 90124 013 \*\*\*150.00 Principal Place of Business Mailing Address 11532 WILLOW GARDENS DRIVE 11532 WILLOW GARDENS DRIVE WINDERMERE FL 34786-6015 WINDERMERE FL 34786-6015 00064000 2. Principal Place of Business 3. Mailing Address 40Box 5832 1025 S. Semorau Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 59-3684175 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Orauqe Ora Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERKSON, GARY M Street Address (P.O. Box Number is Not Acceptable) 1132 SYMONDS AVENUE WINTER PARK FL 32789 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. 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. TITLE ☐ Delete TITLE NAME NAME BURTON, RANDOLPH H STREET ADDRESS STREET ADDRESS 11532 WILLOW GARDENS DRIVE CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786-6015 TITLE Delete ☐ Change ☐ Addition NAME OBENG, YAW S STREET ADDRESS STREET ADDRESS 272 LYTON CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32824 ☐ Delete Addition NAME NAME YOKLEY, EDWARD M STREET ADDRESS STREET ADDRESS 1664 W 157TH AVENUE CITY-ST-7IP CITY-ST-7IP PEMBROKE PINES FL 33027 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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