2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90399 037 ***150.00

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DOCUMENT # P02000038835

1. Entity Name
EYESPIKE CORPORATION

Principal Place of Business
PO BOX 1413
PALM HARBOR, FL 34683

Mailing Address
PO BOX 1413
PALM HARBOR, FL 34683

2. Principal Place of Business: RT 27 BOX 895
Suite, Apt. #, etc.
City & State: LAKE CITY FL
Zip: 32024 Country: US

3. Mailing Address: RT 27 BOX 895
Suite, Apt. #, etc.
City & State: LAKE CITY FL
Zip: 32024 Country: US

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 04-3637376 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BOATRIGHT, BRIAN K
2350 CYPRESS POND RD
APT. #2510
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent
Name: FLINT, PHILLIP N
Street Address (P.O. Box Number is Not Acceptable): RT 27 BOX 895
City: LAKE CITY FL Zip Code: 32024

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: PHILLIP N FLINT 02-06-2003
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOATRIGHT, BRIAN K 2350 CYPRESS POND RD #2510 PALM HARBOR, FL 34683	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FLINT, PHILLIP N ROUTE 27 BOX 895 LAKE CITY, FL 32024	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOATRIGHT, BRIAN K 214 S MARION AVE LAKE CITY FL 32025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN K BOATRIGHT 02-06-2003 386-755-3088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #