1 2003 FOR PROFIT CORPORATION

Mar 05, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR 2/ 02-21-2003 90843 035 ***150.00 P02000064424 **DOCUMENT#** 1. Entity Name EVALUATION AND RESEARCH SPECIALISTS, INC. Mailing Address Principal Place of Business 19047 SE LOXAHATCHEE RIVER ROAD 19047 SE LOXAHATCHEE RIVER ROAD JUPITER FL 33458 JUPITER FL 33458 3. Mailing Address 2. Principal Place of Business 15500 Lightwave Dr Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES SUITE 101 Applied For 4. FEI Number City & State City & State 13.6469258 Not Applicable clearwater \$8.75 Additional Ζiρ Country Zip 5. Certificate of Status Desired USA Fee Required 33760 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 7 aroila TAROLLA, SUSAN M Street Address (P.O. Box Number is Not Acceptable Lightwave 19047 SE LOXAHATCHEE RIVER ROAD 15500 JUPITER FL 33458 City Clearwates 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. Tarolla SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. CR2E034 (10/02) Chance Dr. Enc Wagner Delete TITLE TITLE Dresident NAME NAME 2496 inaqua Ave. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP V.p. ☐ Delete TITLE TITLE Tarrib NAME NAME 500 Lightwave Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition _ Delete TITLE TITLE NAME NAME

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empoye

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TITLE

NAME

SIGNATURE:

STREET ADDRESS

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Daytime Phone #

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