2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P9900030273** CRC DATA TECHNOLOGIES, INC. 04-25-2001 90148 009 ***150.00 Principal Place of Business Mailing Address 30018HWY 98 300**26**HWY 98 DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address 300 B . 300 B Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Apolied For City & State City & State 4. FEI Number 59-3642160 Not Applicable Country USA \$8.75 Additional 3254 Zip 5. Certificate of Status Desired USA Fee Required 008a 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOÒRE, BERT (P.O. Box Number is I 1150 JOHN SIMS PKWY Legendary NICEVILLE FL 32578 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this 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. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Director, President PRESIDENT Change □ Addition TITLE ☐ Delete Rowe, David C ROWE, DAVID C NAME NAME 300 B Hizway 48 Destin, FL 32541 300BHWY 98 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Director, President Vice Asida A Change D VICE PRESIDENT TUTLE Delete Rowe, stephanie MANN. STEPHANIE NAME 300B Highway 98 300 BHWY 98 STREET ADDRESS STREE! ADDRESS Destin, FL 3254 CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Director, Secretary/Transvier 🗖 Addition TITLE TITLE ROWE, DIANA 300 B. HWY 98 VICE PRESIDENT MAME Rowe, Diana NAME 300 B, Highway 98 STREET ADDRESS STREET ADDRESS Destin, FL CITY-ST-7IP CITY-ST-ZIP 32541 Destin, FL Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP Addition Change TITLE TITLE ☐ Delete NAME

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

STREET ADDRESS

CITY-S1-ZIP

SIGNATURE:

STREET ADDRESS

CITY+ST-74P

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 Date

850 - 654 - 7262 Daytime Phone # 2E034 (10/00)