| EXIGENT SOFTWARE TECHNOLOGY, INC.              |  |  |   |                             | 02-12-2002 90036 001 ***300.00                            |              |                     |                           |                |
|--|--|--|---|-----------------------------|---|--------------|---------------------|---------------------------|----------------|
| Principal Place 1225 EVANS MELBOURNE US        |  | Mailing Address<br>1830 PENN ST.<br>MELBOURNE FL 32901<br>US |   |                             |   | I            | 84                  | 1811 81811 1881           |                |
| 2. Principal P                                 | 4  | 3. Mailing Address 1625 W. NA Suite, Apt. #, etc.            | SA BLW  | D.                          | DO NOT WRITE  |              |                     | TH 818H 1881              |                |
| City & Stat<br>MRBC<br>Zip                     | COUNTRY  | City & State  MEZBOURNE  Zip                                 | Country   | 4.                          | FEI Number 59-1826393                                     | ¢0           | No                  | plied For<br>t Applicable | ]              |
| 3291   | 6. Name and Address of Current R   | 32919  | USA   |                             | Certificate of Status Desired  Name and Address of New Re | Fee          | .75 Add<br>Required |                           |                |
| 1201 HAY<br>Tallaha                            | SSEE FL 32301-2525   | •  | City  |                             | Box Number is Not Acceptable                              | FL           | Zip Code            | )                         |                |
| SIGNATURE .  9. This corporate fling r         | Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so. |  | Registered Agent signal FEE IS \$150. Fee will be \$8 | ure required when 00 550.00 |   | DATE         |                     | <b>0</b> May Be to Fees   |                |
| 11.  | OFFICERS AND D   | IRECTORS   | 12.   | Al                          | <br>DDITIONS/CHANGES TO OFFI                              | CERS AND DIR | ECTORS              | IN 11                     | ļ              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WHITFIELD, LARRY W<br>750 GLENGARRY DR<br>MELBOURNE FL 32940   | <b>⊠</b> Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | PD<br>ROUB<br>1025 V        | , B. R.<br>W. NASA BWO.<br>OURNE, FL 329                  | Ø            | Change              | ☐ Addition                | CR2E034 (9/01) |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>Frank, Patricia A<br>590 Rosada St<br>Satellite Beach Fl 32937  | <b>⊠</b> Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | 1 Th                        | E AS ABOVE  |              | Change              | Addition                  | CR             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TDBALL, SALLY H<br>1224 MIRA VISTA LN<br>MELBOURNE FL 32940  | <b>△</b> Delete  | TITLE   | SAME                        | TIE, J.L.   | <b>Z</b>     | Change              | Addition                  | <br>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SMEDLEY, BERNARD R<br>195 HWY A1A<br>SATELLITE BEACH FL 32937   | <b>₩</b> Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 |                             | NTYNE, R.L.   | æ            | Change              | Addition                  |                |
| TITLE<br>NAME<br>Street Address<br>City-St-Zip |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | AS<br>MIKL<br>SAM           | IEN , SCOTT   | 7.           | Change              | Addition                  |                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 |                             | ONE , CHARLES<br>OME AS ABOVE                             | J. B         | Change              | Addition                  |                |
|  |  |  | .,  |                             |   |              |                     |                           | l              |

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.

SIGNATURE:

**2002 UNIFORM BUSINESS REPORT (UBR)** 

575552

DOCUMENT #

1. Entity Name