2000 UNIFORM BUSINESS REPORT (UBR) Apr 13, 2000 8:00 am Secretary of State **DOCUMENT # 691234** ELECTRONIC ENVIRONMENTS, INC. 04-13-2000 90043 030 ***150.00 Principal Place of Business Mailing Address 944 W INTL. SPEEDWAY BLVD 944 W INTL SPEEDWAY BLVD DAYTONA BCH FL 32114 DAYTONA BCH FL 32114-3560 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2125279 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEXTON, GEORGE ROBERT JR Street Address (P.O. Box Number is Not Acceptable) 164 AVOCET COURT DAYTONA BEACH FL 32119 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE. Registered Agent signature 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME SEXTON JR. GEORGE ROBERT STREET ADDRESS STREET ADDRESS 164 AVOCET COURT CITY-\$T-ZIP CITY-ST-ZIP DAYTONA BCH, FL 00000 ☐ Addition □ Change ☐ Delete TITLE TITLE NAME SEXTON, MONA NAME STREET ADDRESS STREET ADDRESS 164 AVOCET CT CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH FL 32119 Delete -TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



☐ Delete

☐ Change

☐ Addition