

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91602 031 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004969
1. Entity Name
Enable Technologies, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>6621 Southpoint Dr. North</u> Suite, Apt. #, etc. <u>Ste 200</u> City & State <u>Jacksonville, FL</u> Zip <u>32216</u> Country <u>USA</u>		3. Mailing Address <u>6621 Southpoint Dr. North</u> Suite, Apt. #, etc. <u>Ste 200</u> City & State <u>Jacksonville, FL</u> Zip <u>32216</u> Country <u>USA</u>	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3668331</u>	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>CT Corporation System</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Road</u>	
	City <u>Plantation</u>	Zip Code <u>33324</u>

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 file # and date. (NOTE: Registered Agent signature required when reappointing) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CEO, D</u> <u>McClung, Roger L</u> <u>6621 Southpoint Dr. N.</u> <u>Jacksonville, FL 32216</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>COO</u> <u>Diaz, Michael K</u> <u>6621 Southpoint Dr. N.</u> <u>Jacksonville, FL 32216</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CFO</u> <u>Feaser, Jim</u> <u>6621 Southpoint Dr. N.</u> <u>Jacksonville, FL 32216</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Prusiecki, Drew</u> <u>6630 Southpoint Pkwy</u> <u>Jacksonville, FL 32216</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V.P.</u> <u>Quinn, Eric</u> <u>6621 Southpoint Dr. N.</u> <u>Jacksonville, FL 32216</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>Snyder, Gary</u> <u>6621 Southpoint Dr. N.</u> <u>Jacksonville, FL 32216</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE: DREW W. PRUSIECKI 4/15/02 904281-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date my Name