2002 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business 1400 Bolls FlickT MWY 150 Bolls FlickT WWY 1	DOCUMENT # F0100000708 1. Entity Name HOSTPRO, INC.					Secretary of State 03-06-2002 90092 040 ***150.00				
Suite, April - etc. Applied From Peril Recommend of Country Suite Address (P.O. Box Number is Next Acceptable) Street	1450 EAGLE FLIGHT WAY 1450 EAGLE FLIGHT WAY									
CITY & State CPY &							1610 1 (1 9 11 30 11) 111() 60()	ar iii 83113 88 141 1 4611 1	8101 (815 107)	
City & State 2.09 30 3 Country 30 30 3 Country 4 Country 5 Country 5 Country 6 Name and Address of Current Registered Agent 7 Name and Address of New Registered Agent 8 Name Address of New Registered Agent 9 Name Address of New Address of New Registered Agent 9 Name Address of New Ad					DO NOT WRITE IN THIS SPACE					
So Service to Proceed agent to State State of Status Desired Se. Certificate of Status Sealer and Address of New Registered Agent Sealer Agen	Çity & Stat	& State City & State			CO OF 144F4					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code City City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City Ci	Zip	Country	Zip	Country	5	. Certificate of St	tatus Desired			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code 6. 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 9. This corporation is eligible to satisfy its Intanguile Tax fling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. Dedec Title COHER, JOEL J 17. OFFICERS AND DIRECTORS 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. TITLE COHER JOEL J 18. CAPLIER, BOB A 18. CAPLIER,	,	6. Name and Address of Current I	Registered Agent	Name -		. Name and Add	iress of New Registe	red Agent	· ·- = ·	
PLANTATION FL 33324 City FL Zip Code				Street A	Street Address (P.O. Box Number is Not Acceptable)					
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. SIGNATURS Symmyte hyper or printed name of registered agent and see it explication. (NOTE Registered Agent signature reasonal when reinitisting) CATE				City				Zip Code		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$550.00 Akter May 2, 2002 Fee will be Addition Ma	8. The above	named entity submits this statement for	the purpose of changing its re	gistered office o	r registered	agent, or both, in				
Tax filing requirement and elects to do so (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE KOCHER, JOEL J 1450 FAGILE FLIGHT WAY BOISE ID TITLE V CARULER, BOB A 1450 FAGILE FLIGHT WAY BOISE ID TITLE V CAVENDER, DENNIS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOISE ID TITLE V CAVENDER, DENNIS STREET ADDRESS CITY-ST-ZIP BOISE ID TITLE V CAVENDER, DENNIS STREET ADDRESS CITY-ST-ZIP BOISE ID TITLE V CAVENDER, DENNIS STREET ADDRESS CITY-ST-ZIP BOISE ID TITLE V CAVENDER, DENNIS STREET ADDRESS CITY-ST-ZIP BOISE ID TITLE V CAVENDER, DENNIS STREET ADDRESS CITY-ST-ZIP BOISE ID TITLE V CAVENDER, DENNIS STREET ADDRESS CITY-ST-ZIP BOISE ID TITLE V CAVENDER, DENNIS STREET ADDRESS CITY-ST-ZIP BOISE ID TITLE V CAVENDER, DENNIS STREET ADDRESS CITY-ST-ZIP BOISE ID TITLE V CAVENDER, DENNIS STREET ADDRESS CITY-ST-ZIP BOISE ID TITLE V CAVENDER, DENNIS STREET ADDRESS CITY-ST-ZIP BOISE ID TITLE V CAVENDER, DENNIS STREET ADDRESS CITY-ST-ZIP BOISE ID TITLE V CAVENDER, DENNIS STREET ADDRESS CITY-ST-ZIP BOISE ID TITLE V CAVENDER, DENNIS STREET ADDRESS CITY-ST-ZIP BOISE ID TITLE V CAVENDER CHARGE CANDAL CAVENDER CAVEND	SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	Registered Agent signal	ure required whe	en reinstating)		ATE		
TILE C DEFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE KOCHER, JOEL J J HSD EAGLE FLIGHT WAY BOISE ID TITLE VP, CFO CHANGE AND DIRECTORS IN 11 TITLE V CARLIER, BOB A STREET ADDRESS CITY-ST-ZIP ATTAIN G-A 30303 TITLE V CARLIER, BOB A STREET ADDRESS CITY-ST-ZIP ATTAIN G-A 30303 TITLE V CARLIER, BOB A STREET ADDRESS CITY-ST-ZIP ATTAIN G-A 30303 TITLE V CAVENDER, DENNIS STREET ADDRESS CITY-ST-ZIP BOISE ID TITLE VP, CFO CHANGE CONSEL CHANGE CITY-ST-ZIP ATTAIN G-A 30303 TITLE V CAVENDER, DENNIS STREET ADDRESS CITY-ST-ZIP BOISE ID TITLE VP, CFO CHANGE CONSEL CHANGE CONSEL CHANGE CITY-ST-ZIP BOISE ID TITLE VP, CFO CHANGE CONSEL CHANGE CONSEL CHANGE CITY-ST-ZIP ATTAIN G-A 30303 TITLE V CAVENDER, DENNIS STREET ADDRESS CITY-ST-ZIP BOISE ID TITLE VP, CFO CHANGE CONSEL CHANGE CHANGE CONSEL CHANGE CONSE	Tax filing requirement and elects to do so. After May 1, 2002 Fee				50.00	I		+		
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NAME STREET ADDRESS CITY-ST-ZIP HANSEN, BRIAN T STREET ADDRESS CITY-ST-ZIP SOISE ID NAME	NAME STREET ADDRESS	MCMANËS, LISIANNA 1450 EAGLE FLIGHT WAY	⊠ Delete	NAME STREET ADDRESS				☐ Change	Addition	
19. I hereby cartify that the information cumplied with this filling does not qualify for the examples stated in Section 110.07(2)/i). Elevide Statetes, I further cartify that the information cumplied with this filling does not qualify for the examples.	NAME STREET ADDRESS CITY-ST-ZIP	HANSEN, BRIAN T 1450 EAGLE FLIGHT WAY BOISE ID		NAME STREET ADDRESS CITY-ST-ZIP						

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:

Date Daytime Phone #