FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2003 8:00 am Secretary of State F02000004232 DOCUMENT # 1. Entity Name ECO-SYSTEMS, INC. 04-16-2003 90203 007 ***150.00 Principal Place of Business Mailing Address 900 PARKVIEW DR 900 PARKVIEW DR TALLAHASSEE FL 32311 TALLAHASSEE FL 32311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 74-2911748 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) ##FISE NOW!!!#FEE (S\$\$150:00 a) ##AfterMay:1920031 Fee will be \$550:00 d Make Check Payabi6 to Flor do Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE Delete TITLE CONNORS, JAMES JR NAME NAME 384 FAIRHOPE AVENUE, SUITE 7 STREET ADDRESS STREET ADDRESS FAIRHOPE AL 36532 CITY-ST-ZIP CITY-ST-ZIE Change TITLE ☐ Delete TITLE □ Addition ENTERED MAR 2 4 2003 ALLEN, JEFF NAME NAME STREET ADDRESS 439 KATHERINE DRIVE, SUITE 2A STREET ADDRESS CITY-ST-ZIP JACKSON MS 39232 CITY-ST-ZIP ☐ Change TITLE A Delete TITLE NAME HAYES, W.H. NAME 1301 CAPITAL OF TEXAS HWY., STE C-300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AUSTIN TX 78746** CITY-ST-ZIP TITLE Delete Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change [] Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TIME . ☐ Change NAME

12. Ilhereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

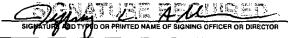
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP





601-931-4440 Dayrime Phone #