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2001 D∂C⊎		# F950	6000063		R)				1
1. Entity Nam	ne	•	-						į
DTEK, INC.						FILED			
Principal Plac	e of Busines	s	Mailing Address			01 AUG 22 PM	3: 14		
				÷		SECRETARY OF ST. TALLAHASSEE, FLO	ATE RIDA		!
2. Principal P 201 Suite, Apt. Suit	Jullough Dr.	3. Mailing Address  201 Mc Suite, Apt. #, etc. Suite, 22	Culloug 0	n Ov	DO NOT WRITE IN	THIS SPAC	CE		
City & Stat		e NC	City & State Charlott			4. FEI Number 382286268		Applied For Not Applicable	
<sup>Zip</sup> ス8ス	6 Name	Country  USA and Address of Current Re	Zip 28262	Country US K	<u> </u>	5. Certificate of Status Desired  7. Name and Address of New Regist	Fee	75 Additional Required	-
	tion Service Com	<u> </u>	Name					1	
1	ys Street ssee, FL 32301	ipany	Street A	ddress (P.C	). Box Number is Not Acceptable)				
_	arranas	, see, 11 J2J01				•			
				City			FL <sup>2</sup>	Zip Code	
8. The above	named entit	y submits this statement for the	ne purpose of changing its r	egistered office o	r registered	agent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed	borah Q Sk or printed name of registered agent and	(NOTE:	Deborah D.			8/20 DATE	101	
	ible to satisfy its Intangible and elects to do so.		! FEE IS \$150. 1 Fee will be \$	00 550.00	Election Campaign Financir     Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees		
11.		OFFICERS AND DI	RECTORS	12.		ADDITIONS/CHANGES TO OFFICER	S AND DIR		
TITLE NAME STREET ADDRESS	m.	rman elvin Stewart Cantu Courts	© Delete 5uite 217-218	TITLE NAME STREET ADDRESS	201	iirman / Divector I Downing Mc Cullough Dvi		Change Addition	E034 (11/00)
CITY - ST - ZIP	Savasota FL 34232			CITY-ST-ZIP	Ch	aulotte NC 28	<u>3262</u>		\$2E0
TITLE NAME STREET ADDRESS	President / Director Delete  3 William Brandner			TITLE NAME STREET ADDRESS	72010	sielent/Director nes e Taylor 1 Mc Cullough D		*	1
CITY-ST-ZIP	5029 Edgewater Drive Oslando FL 32810			CITY-ST-ZIP	CIA	purlatte NC 25	≥വ ഗ്രവ	)	
TITLE NAME	Director / Vice Presided Delete			TITLE NAME	Vice Bill	Resident/Treasurer/s		/	
STREET ADDRESS CITY-ST-ZIP	9125 whiskey Bottom Reb, SuiteL Laurel MD 20707			STREET ADDRESS CITY-ST-ZIP	201 Ch		<u> </u>	32	<b>)</b>
TITLE NAME	Vice President/Treasurer & Delete Toold D. Througher			TITLE NAME		و منظور بران ومنز ومنز ومنز ومنز ومنز	_	Change Addition	
STREET ADDRESS	5 5029 Edgewater Drive			STREET ADDRESS	5000045604852   -08/28/0101088020				
CITY-ST-ZIP	Outando FL			TITLE			9 <del>0 %</del>	\$##550_B0 Change ☐ Addition	-
TITLE NAME	Marshall 5. Harris			NAME		$V^{\prime}V$		Visualish Distriction	
STREET ADDRESS CITY-ST-ZIP	5029 Edgewater Drive Orlando FL 32810			STREET ADDRESS CITY-ST-ZIP		<i>/</i> \\	N N	•	
TITLE	Cont	treller	□ Delete	TITLE		<u>`</u> ()		Change Addition	1 .
NAME OTOSST ARRESSO	christine Willer			NAME STREET ADDRESS		O	1		
STREET ADDRESS CITY-ST-ZIP									
13. I hereby of indicated of the cor changed,	certify that the	e information supplied with th	is filing does not qualify for ue and accurate and that m ered to execute this report a h all other like empowered.	the exemption sta y signature shall has required by Cha	ited in Secti have the sar apter 607, F	on 119.07(3)(i), Florida Statutes. I furth me legal effect as if made under oath; florida Statutes; and that my name app	er certify that I am an ears in Blo	nat the information n officer or director ck 11 or Block 12 if	
SIGNAT		Ried Leen	A SIGNING OFFICER C	Bill L	un sfoi	$\cap$	(76		ı