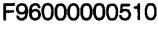
Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90363 036 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name





VLOC INCORPORATED Principal Place of Business Mailing Address 7826 PHOTONICS DRIVE 7826 PHOTONICS DRIVE **NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 34655** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 25-1780903 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SACONE, STEVE Street Address (P.O. Box Number is Not Acceptable) 7826 PHOTONICS DRIVE **NEW PORT RICHEY FL 34655** 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 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. Election Campaign Financing \$5.00 May Be , After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Addition SACONE, STEVEN L NAME NAME . 4696 DEVONSHIRE BLVD. STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change KRAMER, FRANCIS J NAME NAME 10491 ALLANTE COURT STREET ADDRESS STREET ADORESS CITY-ST-7IP GIBSONIA PA 15044 CITY-ST-7IP TITLE Delete TITLE* 🗔 Change 🗢 🖸 Addition MARTINELLI, JAMES NAME NAME **104 BOWIE LANE** STREET ADDRESS STREET ADDRESS VALENCIA PA 16059 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition JOHNSON, PAUL J JR NAME NAME 422 INNESS DR STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition GERMAN, ROBERT D ESQ NAME NAME 49 ORDALE BLVD STREET ADDRESS STREET ADDRESS PITTSBURGH PA 15228 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an

SIGNATURE: