2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # F96000004184 1. Entity Name D-P-S, INC, OF GA 03-20-2000 90083 030 ***150.00 Mailing Address Principal Place of Business 2001 MICCOSUKEE RD 2001 MICCOSUKEE RD TALLAHASSEE FL 32308-5307 TALLAHASSEE FL 32308 2. Principal Place of Business 2830 CLING
Suite, Apt. #, etc. 3. Mailing Address Cling St 2830 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-1906256 Talla hasse E Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) STEELE, STANLEY 2001 MICCOSUKEE RD o chare TALLAHASSEE FL 32308 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subpolts th FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2F034 (9/99) ☐ Change Addition TITLE ☐ Delete TITLE STEELE, STANLEY NAME NAME 3056 IRONWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Addition ☐ Change ☐ Delete TITLE TITLE STEELE, JANICE NAME NAME 3056 IRONWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ De ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does per 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 acceptate 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 of trustee employeered 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 v

SIGNATURE: