FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED
02 JUL 18 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005204

1. Entity Name

JOLT TECHNOLOGY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
6801 N.W. 15TH Avenue	Same	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Ft. Lauderdale FL	City & State	4. FEI Number: 77-0473773 ☐ Applied For ☐ Not Applicable
Zip: 33309 / Country	Zip / Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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.

SIGNATURE _____ DATE
Signature required if changing registered agent. (NOTE: Registered Agent signature required when submitting)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: Director NAME: Kirk A. Waldron STREET ADDRESS: 200 Science Drive CITY-ST-ZIP: Moorpark CA 93021	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: President, Director NAME: Mitchell Morhaim STREET ADDRESS: 6801 N.W. 15th Avenue CITY-ST-ZIP: Ft. Lauderdale, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Secretary, [redacted] NAME: Mitchell J. Freedman STREET ADDRESS: 200 Science Drive CITY-ST-ZIP: Moorpark CA 93021	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] (Secretary) 6/20/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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