2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **F99000004773** Feb 09, 2000 8:00 am **Secretary of State DEI-TEC CORPORATION** 02-09-2000 90001 008 ***158.75 Principal Place of Business Mailing Address 101 TRADE ZONE DRIVE. SUITE 1A 101 TRADE ZONE DRIVE. SUITE 1A WEST COLUMBIA SC 29170-3913 WEST COLUMBIA SC 29170 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 57-0873393 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAMS, DENNIS L Street Address (P.O. Box Number is Not Acceptable) 8040 BRYAN DAIRY ROAD SUITE C **LARGO FL 33777** 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. NA SIGNATURE -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 12. 11. Change Addition **CPST** Delete TITLE TITLE DEIBEL, R. JEFFERSON NAME NAME 101 TRADE ZONE DRIVE, SUITE 1A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST COLUMBIA SC 29170 ☐ Change ☐ Addition TITLE ☐ Delete DUGAN, PATRICK NAME STREET ADDRESS 101 TRADE ZONE DRIVE, SUITE 1A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST COLUMBIA SC 29170 Change ☐ Addition ☐ Delete TITLE TITLE NAME: NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if