2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am Secretary of State DOCUMENT # : G00808 1. Entity Name 2 01-31-2002 90183 041 ***150.00 EMINENT TECHNOLOGY, INC. Principal Place of Business Mailing Address % F. BRUCE THIGPEN. III % F. BRUCE THIGPEN, III 225 EAST PALMER ST. 225 EAST PALMER ST. TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 59-2235122 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 THIGPEN, F. BRUCE III Street Address (P.O. Box Number is Not Acceptable) 1026 MERRITT DR. TALLAHASSEE FL 32301 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete Addition ☐ Change TITLE TITLE NAME STEWART, WILLIAM L MAME STREET ADDRESS STREET ADDRESS 818 BAHAMA DRIVE CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE BAGWELL, CHARLES C NAME NAME -STREET ADDRESS STREET ADDRESS **4019 ROSCREA DRIVE** CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME THIGPEN, BRUCE F III STREET ADDRESS STREET ADDRESS 1026 MERRITT DRIVE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME MUFFLEY, GARY W STREET ADDRESS STREET ADDRESS 3856 SILVER CHALICE RD CITY-ST-ZIP CITY-ST-ZIP Memphis tn TITLE Change ☐ Addition ☐ Delete TITL F NAME NAME THIGPEN, FREDERICK B MD STREET ADDRESS STREET ADDRESS 1455 MARION AVENUE CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL Change ☐ Addition ☐ Delete TITLE NAME NAME

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 850 575 - 5655

FILED