2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # G41965 1. Entity Name 04-02-2002 90091 013 ***150.00 PROFESSIONAL DATA SYSTEMS, INC. Principal Place of Business Mailing Address % ROBERT 8. KOÉHNEMANN % ROBERT B. KOEHNEMANN D0099938 445 GRACE AVE. 445 GRACE AVE. PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2300577 Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOEHNEMANN, ROBERT B. Street Address (P.O. Box Number is Not Acceptable) 445 GRACE AVE. PANAMA CITY FL 32401 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. 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 \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition 9/01 KOEHNEMANN, ROBERT B. NAME NAME STREET ADDRESS 445 GRACE AVE .-E034 STREET ACORESS CITY-ST-ZIP PANAMA CITY FL 32401 CITY-ST-ZIF TITLE ☐ Delete ☐ Change ☐ Addition NAME KOEHNEMANN, LYNN C. NAME STREET ADDRESS STREET ADDRESS 445 GRACE AVE. CITY-ST-ZIP PANAMA CITY FL 32401 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME DICK, PAUL B NAME STREET ADDRESS 445 GRACE AVENUE STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Dalete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 apport 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 true en powered 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 a partiags, with all other like empowered.

FILED

Daytime Phone #