2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # H21496** Apr 13, 2000 8:00 am Secretary of State 1. Entity Name CAMTECH OF SARASOTA, INC. 04-13-2000 90112 012 ***150.00 Principal Place of Business Mailing Address % P. BARRY CAMPBELL % P. BARRY CAMPBELL 1616 STANFORD LANE 1616 STANFORD LANE SARASOTA FL 34231-3032 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address 3246 MOYFLOWERST 3246 MAYFLOWER Si Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2436579 FC 5ARASOTA SARASUTA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 34231 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAMPBELL, P. BARRY Street Address (P.O. Box Number is Not Acceptable) 1616 STANFORD LANE SARASOTA FL 34231 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 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Change ☐ Addition TITLE ☐ Delete TITI F CAMPBELL, P. BARRY NAME NAME 3246 MAY FLOWER ST 1616 STANFORD LANE STREET ADDRESS STREET ADDRESS SARASOTA, FL 34231 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL DVP Change ☐ Addition ☐ Delete TITLE TITLE CAMPBELL, BECKY K. NAME NAME 3246 MAYFLOWER ST 1616 STANFORD LANE STREET ADDRESS STREET ADDRESS 8ARASOTA, FL 34231 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL - Delete ☐ Addition TITLE_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change [Addition ☐ Delete 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 ☐ Delete TITLE 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 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

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR SIGNATURE OF SIGNING OFFICER OR DIRECTOR

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

SIGNATURE: SIGNATURE AND TYPED OR SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description of Phone #