2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # H82172 Mar 15, 2000 8:00 am 1. Entity Name **Secretary of State** CUSTOM APPLIED TECHNOLOGY CORP. 03-15-2000 90043 023 ***150.00 Mailing Address Principal Place of Business 7011-D 301 BLVD. 7011-D 301 BLVD. SARASOTA FL 34243-6205 SARASOTA FL 34243-3267 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suité, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2592020 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JAMIESON, LAWRENCE G Street Address (P.O. Box Number is Not Acceptable) 7812 SAN JUAN AVENUE **BRADENTON FL 32409** Zip Code 8. The above name antity submits this statems 4! for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NO) : Registered Agent signature required when reins...ting) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SOFFICERS AND DIRECTORS 11. 12. ☐ Addition Delete Change TITI F TITLE TAYLOR, HOWARD E. NAME 1502 DARTMOUTH DRIVE STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE TAYLOR, SANDRA J. NAME NAME 1502 DARTMOUTH DR. STREET ADDRESS STREET ADDRESS BRADENTON FL-34207 CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE □ Delete TITLE GOEDE, ARMAND J NAME NAME 421 BAKER ST STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TIT) F ☐ Delete TITLE LUNDELIUS, WALTER D NAME NAME 9946 NW 49TH TERRACE STREET ADDRESS STREET ADDRESS **MIAMI FL 33178** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete DOMINIAK, BLAIR W NAME NAME 1185 DEER LAKE CIRCLE STREET ADDRESS STREET ADDRESS APOPKA FL 32712 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete CHAPAS, GEORGE L NAME NAME 5491 RIVERWOOD N STREET ADDRESS STREET ADDRESS SAINT AUGUSTINE FL 32092 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 frustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 is changed, or on an attachment with an address, with all other like empowered.

ME OF SIGNING OFFICER OR DIRECTOR.

SIGNATURE: