2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # J25079** 1. Entity Name BSE CONSULTANTS, INC. Mailing Address Principal Place of Business 312 S HARBOR CITY BLVD #4 312 S HARBOR CITY BLVD #4 MELBOURNE FL 32901-1351 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-2700918 Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GLAUBITZ, SCOTT Street Address (P.O. Box Number is Not Acceptable) 312 S HARBOR CITY BLVD., STE 4 MELBOURNE FL 32901 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. DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. TITLE TITLE Delete GLAUBITZ, SCOTT NAME STREET ADDRESS 3500 GOAT CREEK LAKE STREET ADDRESS CITY-SI-ZIP MALABAR FL 32950 CITY-ST-ZIP ☐ Delete TITLE TITLE KAMAL, HASSAN NAME NAME 1303 GEMS CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL CITY-ST-ZIP

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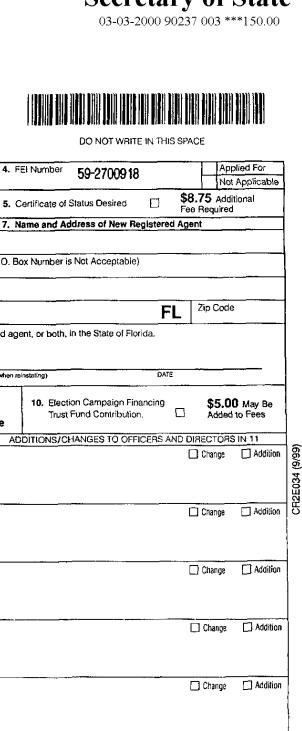
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FILED May 17, 2000 8:00 am Secretary of State



13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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.

SIGNATURE:

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NAME STREET ADDRESS

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SIGNAL DIFFE. IEQUIDATED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytune Phone

Change

Addition