## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 16, 2001 8:00 am Secretary of State **DOCUMENT # J47629** 1. Entity Name 05-16-2001 90055 049 \*\*\*150.00 DIGISONIC, INC. Principal Place of Business Mailing Address 7660 HARBOUR BLVD 7660 HARBOUR BLVD MIRAMAR FL 33023 MIRAMAR FL 33023 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. FEI Number 59-2803312 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STRACUZZI, CHARLES J Street Address (P.O. Box Number is Not Acceptable) 7660 HARBOUR BLVD MIRAMAR FL 33023 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, 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition TITI F ☐ Delete TITLE NAME NAME STRACUZZI, CHARLES STREET ADDRESS STREET ADDRESS 7660 HARBOR BLVD. CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL ☐ Change ☐ Addition Delete TITLE TITLE NAME MARTENS, CECELIA NAME STREET ADDRESS STREET ADDRESS 7660 HARBOUR BLVD. CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL ☐ Addition **Change** Delete TITLE ALICE-Stracuzzi 1660 Harbor Blud Miramar, Fl NAME - --STRACUZZI, ELENA NAME \* STREET ADDRESS STREET ADDRESS 7660 HARBOR BLVD. CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL ☐ Change ☐ Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filling 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. harle J. Strauge President Charles J. Strauge 4/27/01
IGNATURE AND STREET OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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