2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J88927 Secretary of State 1. Entity Name 03-07-2001 90005 033 ***150.00 DOCKMASTER SOFTWARE SYSTEMS, INC. Mailing Address Principal Place of Business 3900 Woodlake BLVD. STE 200 3900 WOODLAKE BLVD, STE 200 LAKE WORTH FL 33463 LAKE WORTH FL 33463 00021404 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 59-2836075 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEACOCK, ALBERT L. Street Address (P.O. Box Number is Not Acceptable) 3900 WOODLAKE BLVD, STE 200 LAKE WORTH FL 33463 Zip Code 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 Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. TITLE Delete TITLE ☐ Addition ☐ Change NAME PEACOCK, ALBERT L NAME 713 SPRINGDALE CIR STREET ADORESS STREET ADDRESS CITY-SI-ZIP CITY - ST - 7IP PALM SPRINGS FL Addition TITLE ☐ Delete ☐ Change TITLE PEACOCK, ARTHUR M NAME NAME STREET ADDRESS 3901 CYPRESS LAKE DR STREET ADDRESS CITY-ST-7IP LAKE WORTH FL CITY-ST-7IP ann: "Delete im F NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CHTY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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)(1). 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 path; that I am an officer or director of the corporation or the receiver or trusted empowered to exact 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:

G OFFICER OF DIRECTOR

FILED Mar 07, 2001 8:00 am