2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # K12095** 1. Entity Name VANAMAN TECH, INC. 04-11-2001 90003 049 ***150.00 Principal Place of Business Mailing Address 6175 N WHITE PALM WAY 6175 N WHITE PALM WAY **BEVERLY HILLS FL 34465** BEVERLY HILLS FL 34465 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 59-2873944 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANAMAN, NANCY L. Street Address (P.O. Box Number is Not Acceptable) 6175 N WHITE PALM WAY **BEVERLY HILLS FL 34465** 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 Fiorida. SIGNATURE Signature, typed or or nted name of registered agent and title if applicable (NCTE: 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete CR2E034 (10/00) TITLE TITLE Change Acdition NAME VANAMAN, EUGENE R. NAME STREET ADDRESS STREET ADDRESS 6175 N WHITE PALM WAY OTY-ST-716 CiTY - ST - ZIP BEVERLY HILLS FL TITLE Delete TITLE Addition ☐ Change NAME NAME VANAMAN, NANCY L. STREET ADDRESS STREET ADDRESS 6175 N WHITE PALM WAY CITY-ST-ZIP CITY-ST-ZIP BEVERLY HILLS FL TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP THE TITL F ☐ Delete Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP THE Change Addition TITLE ☐ Delete NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

anamas SIZNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

4-6-01 352-489-4266 Date Daylirre Prone #