2002 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2002 8:00 am Secretary of State K16788 DOCUMENT # 1. Entity Name INTRATEK CORP. 01-30-2002 90130 008 ***150.00 Principal Place of Business Mailing Address 1 1310 MARION STREET 1310 MARION ST LEESBURG FL 34748 LEESBURG FL 34748 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 59-2887566 Not Applicable 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 WILLIAMS, ROBERT Q Street Address (P.O. Box Number is Not Acceptable) 380 W ALFRED STREET TAVARES FL 32778 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 12. TITLE ☐ Delete TITLE Change Addition YANDELL, L. WILLIAM NAME NAME 811 S. BOYLSTON ST STREET ADDRESS STREET ADDRESS LEESBURG FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition YANDELL, JULIE E. NAME NAME 811 S. BOYLSTON ST STREET ADDRESS STREET ADDRESS LEESBURG FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

FILED

SIGNATURE: SIGNATURE DISTRICT PEDIANDELL 1-7-02 352-326-2448

SIGNATURE Date Phone #

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 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