2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 29, 2002 8:00 am Secretary of State DOCUMENT # L0000014919 1. Entity Name JOSEPH & COMPANY SYSTEMS & SOFTWARE TECHNOLOGIES 04-29-2002 90083 041 ****50.00 Principal Place of Business Mailing Address 7601 N FLORIDA AVENUE 213 N MAGNOLIA AVENUE CITRUS SPRINGS FL 34434 OCALA FL 34475 3. Mailing Address 2. Principal Place of Business 2450 N. Citrus Hills Blvd HILL BANG Ν Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3684080 termand Not Applicable \$5.00 Additional 5. Certificate of Status Desired Citros Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CEPARANO, JOHN J Street Address (P.O. Box Number is Not Acceptable) 7601 N FLORIDA AVENUE CITRUS SPRINGS FL 34434 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 Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. MGR Change ☐ Addition TITLE ☐ Delete TITLE Ceparano, John J. NAME CAPARANO, JOHN J NAME STREET ADDRESS STREET ADDRESS 7601 N FLORIDA AVENUE CITY-ST-ZIP CITY-ST-ZIP CITRUS SPRINGS FL 34434 Change MGR ☐ Delete TITLE ☐ Addition TITLE COX, ALVAH L NAME 2450 N. CITIOS HILLS BIVE. STREET ADDRESS STREET ADDRESS 2424 N ESSEX AVENUE Itrnando FL 34442 CITY-ST-7IP CITY-ST-ZIP HERNADO FL 34442 Change ☐ Addition MGR ☐ Delete TITLE TITLE NAME TRINGALI, MICHAEL J NAME 2450 M. CITOUS HITTS-BIVE. STREET ADDRESS STREET ADDRESS 7655 W. GULF TO LAKE HIGHWAY, STE 9 CITY-ST-ZIP Hernando FL 34442 CITY-ST-ZIP **CRYSTAL RIVER FL 34429** ☐ Chance Delete ☐ Addition TITI F TITLE MGR CAMPBELL, JACQUELYN R NAME NAME STREET ADDRESS STREET ADDRESS 7215 HIAWATHE PARKWAY CITY-ST-7IP CITY-ST-ZIP SPRING HILL FL 34606 ☐ Change ☐ Addition Delete TITI F NAME VIRGILIO, RAYMOND P NAME STREET ADDRESS STREET ADDRESS 7215 HIAWATHE PARKWAY CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34606 ☐ Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Parani

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR PRINTED NAM

4-11-02