2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2002 8:00 am Secretary of State **DOCUMENT #** L28042 1. Entity Name PROFESSIONALS FOR TECHNOLOGY ASSOCIATES, INC. 05-19-2002 90260 015 ***150.00 Principal Place of Business Mailing Address C/O PETER L GRIECO C/O PETER L GRIECO JR A 4 4 9 19 3109 45TH ST SUITE 100 3109 45TH STREET SUITE 100 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 US 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 06-1113068 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 GRIECO & SCALERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 3109 45TH ST WEST PALM BEACH FL 33407 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. **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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE (9/01)GRIECO, MARK ☐ Addition NAME STREET ADDRESS 3109 45TH ST., STE 100 STREET ADDRESS **CR2E034** CITY-ST-7IP WEST PALM BEACH FL 33407 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition GRIECO, CHRISTINE NAME NAME STREET ADDRESS 3109 45TH ST STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33407 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-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ 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-ZIP

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

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