2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # L35125** May 26, 2000 8:00 am 1. Entity Name **Secretary of State** DATAFLOW CONSULTANTS, INC. 05-26-2000 90037 007 ***550.00 Principal Place of Business Mailing Address 12349 GATELY OAKS LANE WEST 12349 GATELY OAKS LANE WEST JACKSONVILLE FL 32225 JACKSONVILLE FL 32225-3983 2. Principal Place of Business 212 North Bartram Trail 3. Mailing Address artram Trail DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0163666 Not Applicable Switzer land Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MITCHELL, FRANK C., JR. Street Address (P.O. Box Number is Not Acceptable) 12349 GATELY OAKS LN WEST JACKSONVILLE FL 32225 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. M Change ☐ Addition TITLE ☐ Delete TITLE MITCHELL, FRANK C JR NAME 212 North Bartram Trail STREET ADDRESS 12349 GATELY OAKS LANE, W. STREET ADDRESS Switzerland, FL 32259 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change — ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE 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)(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.

ell Jr Pres. 5/6/00