2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2003 8:00 am Secretary of State DOCUMENT #____L67700. 04-09-2003 90158 010 ***150.00 1. Entity Name DAXA, INC. Principal Place of Business Mailing Address 14400001 695 SR 512 695 SR 512 SEBASTIAN FL 32958 SEBASTIAN FL 32958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3008070 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 PATEL, N.G. Street Address (P.O. Box Number is Not Acceptable) 695 FELLSMERE ROAD SEBASTIAN FL 32958 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DP ☐ Delete TITLE Change Addition PATEL, N G NAME NAMÉ STREET ADDRESS 329 LANTERNBACK ISLAND DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP SATELLITE BCH FL TITLE VS ☐ Delete TITLE Change ☐ Addition NAME PATEL, DAXA NAME STREET ADDRESS 329 LANTERNBACK ISLAND DR STREET ADDRESS SATELLITE BCH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIT) F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OF

changed, or on an attachment with an address,

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 10 or Block 11 if