2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am Secretary of State **DOCUMENT # L82182** 1. Entity Name NUCLEUS, INC. 05-10-2001 90162 012 ***158.75 Principal Place of Business Mailing Address 120 E. MARKS ST. 120 E. MARKS ST. SUITE 225 SUITE 225 ORLANDO FL 32803 ORLANDO FL 32803 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. FE! Number Applied For 59-3016974 Not Applicable Zip Country 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 SAL, JR., HENRY Street Address (P.O. Box Number is Not Acceptable) 120 E. MARKS ST., STE 225 ORLANDO FL 32803 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition JOHNSON, GLEN NAME NAME STREET ADDRESS 8207 BELL MOUNTAIN DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AUSTIN TX 78730** ☐ Delete TITLE D TITLE ☐ Change ☐ Addition NAME SAL, JR., HENRY NAME STREET ADDRESS 120 E. MARKS ST. #225 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 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 ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

uplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all riport 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 stell empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if address, with all other like empowered. indicated on this report leme r sup of the corporation or the changed, or on an attach

SIGNATURE:

13. I hereby certify that the information

Henry Sa1, Rresident

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ition s

<u> April 26</u>, 2001 (407)992-8003