2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 22, 2000 8:00 am Secretary of State **DOCUMENT # L87300** 1. Entity Name MICRO MITE, INC. 01-22-2000 90028 046 ***150.00 Principal Place of Business Mailing Address 909 HOLOMA DRIVE 909 HOLONA DRIVE VERO BEACH FL 32963-3405 VERO BEACH FL 32963 C0009255 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0217010 Not Applicable 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 **DUNCAN, JANICE** Street Address (P.O. Box Number is Not Acceptable) 909 HOLOMA DR VERO BEACH FL 32963 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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, 2000 Fee will be \$550.00 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. ☐ Change ■ Addition ☐ Delete TITLE TITLE DUNCAN, JEFFREY W NAME NAME 909 HOLOMA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE DUNCAN, JAMES W NAME 909 HOLOMA DR STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition TITLE DUNCAN, JOSEPH NAME 909 HOLOMA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE **DUNCAN, JANICE** NAME 909 HOLOMA DRIVE STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS VERO BEACH FL

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

1/11/00 234-8893 Date Phone #

☐ Change

☐ Change

Addition

☐ Addition

CR2E034 (9/9