2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

DOCUMENT # L87629 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name ENVIROSPACE SOFTWARE RESEARCH, INC. 04-25-2000 90105 019 ***150.00 Mailing Address Principal Place of Business % GEORGES BLAHA % GEORGES BLAHA 280 FLAMINGO DRIVE 280 FLAMINGO DRIVE MELBOURNE BEACH FL 32951-3729 MELBOURNE BEACH FL 32951 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3062810 Not Applicable Country .__ ___ \$8.75 Additional Country -5. Certificate of Status Desired Fee Required 'n 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLAHA, GEORGES Street Address (P.O. Box Number is Not Acceptable) 280 FLAMINGO DRIVE MELBOURNE BEACH FL 32951 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition Delete TITLE TITLE **BLAHA. GEORGES** NAME NAME 280 FLAMINGO DR. STREET ADDRESS STREET ADDRESS **MELBOURNE BEACH FL 32951** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE GERIG, STEPHEN R NAME NAME 507 ALHAMBRA RD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VENICE FL 34285 -- Change Addition Delete -TITLE COLE-BLAHA, PATRICIA NAME 280 FLAMINGO DR STREET ADDRESS STREET ADDRESS **MELBOURNE BEACH FL 32951** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITI F 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