2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # M87762 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name COMPUTER LOCATORS INTERNATIONAL, INC. 04-22-2000 90107 035 ***150.00 Mailing Address Principal Place of Business 840 US HWY 1 840 US HWY 1 **SUITE 120 SHITE 120** NORTH PALM BEACH FL 33408-3832 NORTH PALM BEACH FL 33408 US 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 59-2894119 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSOW, JULIE Street Address (P.O. Box Number is Not Acceptable) 840 US HWY 1 SUITE 120 NORTH PALM BEACH FL 33408 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 (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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE ROSOW, JULIE D. NAME NAME STREET ADDRESS 840 US HWY 1 SUIT E120 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL **Change** ☐ Addition TITLE ☐ Delete TITLE Rosow, Leonard B. 840 vs Hwy I, Svite 120 North Palm Beach, FL 33408 ROSOW, LENORD B. NAME NAME STREET ADDRESS 840 UW HWY 1, SUITE 120 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change 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

13.: If 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

SIGNATURE: