2001 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2001 8:00 am Secretary of State DOCUMENT # P0000007508 1. Entity Name ADVANCE TECHNOLOGY BUSINESS SYSTEMS, INC. 05-12-2001 90011 047 ***150.00 Principal Place of Business Mailing Address 2950 NW COMMERCE PARK DRIVE 2950 NW COMMERCE PARK DRIVE **BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426** 2. Principal Place of Business 3. Mailing Address 7398 S. Hampton Lerrace 7398 S. Hampton Terrace Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Boynton Beach -*09808*37 Boynton Not Applicable Zip \$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 PATRICK F. GOLDSON Address (P.O. Box Number is Not Acceptable) JACKSON, WAINSWORTH 2950 NW COMMERCE PARK DRIVE outhampton **BOYNTON BEACH FL 33426** 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT PRESIDENT TITLE TITLE Delete WATNSWOOTH JACKSON PATRICK F. GOLDS ON NAME NAME 2950 NW COMMERCE PARK DRIVE 7398 Southampton Terrace Bounton Beach, FL 33436 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Barnton Beach, FL 33426 ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change □ Addition NAME NAME 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.

SIGNATURE:

SIGNATURE AND TYPED ON DAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Dayline Phone *

CITY-ST-ZIP

CITY-ST-ZIP