2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010808

1. Entity Name
DIGI ESOLUTIONS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 29 PM 2:03

Principal Place of Business	Mailing Address
10944 BAL HARBOR DR. BOCA RATON FL 33498	10944 BAL HARBOR DR. BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3418 N Ocean Blvd	3418 N Ocean Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33308 Country: US	Zip: 33308 Country: US

4. FEI Number 65-0977934 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TRACY, ALFRED
10944 BAL HARBOR DR.
BOCA RATON FL 33498

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 [signature] DATE 9/5/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRACY, ALFRED 10944 BAL HARBOR DR. BOCA RATON FL 33498 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Tracy, Alfred 4797 Preserve Dr Delray Beach, FL 33445 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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-11/29/01-01077-003 ****550.00 ****550.00

CR2E034 (5/01)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #