## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P0000014402 1. Entity Name SPIRITECH, INC. 04-17-2001 90068 026 \*\*\*150.00 Mailing Address Principal Place of Business 9354 SE KINGSLEY STREET 9354 SE KINGSLEY STREET HOBE SOUND FL 33455 HOBE SOUND FL 33455 2. Principal Place of Business 3. Mailing Address 880 JUPITER 880 JUPITER DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE & JUITE B Applied For 4. FEI Number City & State City & State 45-0986373 Not Applicable UPITER UPITER Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired PALM BEACH Fee Required 33458 33458 MALM REVCH 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEFRANCESCO : KKHARD DEFRANCESCO, RICHARD Street Address (P.O. Box Number is Not Acceptable 9354 SE KINGSLEY STREET UPITER **HOBE SOUND FL 33455** 33458 nentior 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees 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. ☐ Addition ☐ Delete TITLE TITLE DEFRANCESCO, RICHARD NAME NAME STREET ADDRESS 9354 SE KINGSLEY STREET STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP **HOBE SOUND FL 33455** ☐ Addition ☐ Change ☐ Delete TITLE TITLE GAMBLE, ERIC J NAME NAME STREET ADDRESS 702 WELDWOOD ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 Change ☐ Addition TITLE Delete ÎVAN SÜETENDÂEL, ARTHUR ÎJ'IV NAME NAME 11546 SW MEADOWLARK CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 🗶 Addition Change TITLE □ Delete TITLE NAME EPPELL, NAME STREET ADDRESS 6343 PINELOCK CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC