Nov-01-01 14:15 DAHLQUIST'S PRINTING 407 898 3316 P.02

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AMENDED
FILED

01 NOV -5 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000016609

1. Entity Name: ENTRYFORM, INC.

Principal Place of Business / Mailing Address:
SCHEVER INTERNATIONAL PLAZA
7280 W. PALMETTO PARK Rd, SUITE 301-N
BOCA RATON, FL 33433

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-3641740 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARK DALTON
SCHEVER INTERNATIONAL PLAZA
7280 W. PALMETTO PARK RD, SUITE 301-N
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name: ARYKSIN NOBLE
Street Address (P.O. Box Number is Not Acceptable): SCHEVER INTERNATIONAL PLAZA, 7280 W. PALMETTO PARK RD, SUITE 301-N
City: BOCA RATON FL Zip Code: 33433

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] 11/1/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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	CEO/PRESIDENT AND DIRECTOR ☐ Delete MARK DALTON 316 BRINY AVENUE POMPANO BEACH FL 33060	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT AND DIRECTOR AND COO ☐ Delete ARYKSIN NOBLE 4305 W. ATLANTIC BLVD, COCONUT CREEK FL 33066	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D/T/S ☒ Change ☐ Addition ARYKSIN NOBLE 4305 W. ATLANTIC BLVD Coconut Creek, FL 33066
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ☐ Delete DR ENZ VON LEITNER GUENTHE STR. 21 HANNOVER, GERMANY 30579	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

200004688032--8
-11/05/01--01033--005
*****61.25 *****61.25

CR2E034 (11/00)

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