## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

## May 07, 2001 8:00 am Secretary of State DOCUMENT # P0000017370 EXIGO SOLUTIONS INTERNATIONAL, INC. 05-07-2001 90009 045 \*\*\*150.00 Principal Place of Business Mailing Address 1400 W. FAIRBANKS AVE. 1400 W. FAIRBANKS AVE. WINTER PARK FL 32789 WINTER PARK FL 32789 1 9 7 7 9 7 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$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 FISHERS, KATE Street Address (P.O. Box Number is Not Acceptable) 1400 W. FAIRBANKS AVE. WINTER PARK FL 32789 City 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, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent's gnature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Wake Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE MOHAMMED, RIAZ MAME STREET ADDRESS 1821 LISTOWEL CRES. STREET ADDRESS CITY - SY-ZIP PICKERING, ONTARIO CANADA LIP -2Y2 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MANGIAPANE, NICK NAME MANGIAPANE, NICK NAME STREET ADDRESS 122 BRANDY CRES. 58 BORDEAUX DR. STREET ADDRESS. CITY-ST-ZIP WOODBRIDGE CHTARIO LYL3CR WOODBRIDGE, ONTARIO CANADA L4L -3C4 CITY-ST-ZIP TITLE ☐ Dalete Change Addition BENNETT, DENNIS NAME NAME STREE! ADDRESS 744 COBBLERS CT. STREET ADDRESS CITY-ST-ZIP PICKERING, ONTARIO CANADA L1V -2Z3 CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAMS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7l2 TiTLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing of indicated on this report or supplemental report is true and according to the corporation or the receiver or true empowered types. does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of currate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in B ock 11 or Block 12 if her like empowered.

ICK MANGIAPANE 41

CR2E034 (10/00)