2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am Secretary of State DOCUMENT # P0000038385 1. Entity Name NATIONAL DATA REGISTRY, INC. 05-14-2001 90104 003 ***150.00 Principal Place of Business Mailing Address 9329 SE MARICAMP ROAD 9329 SE MARICAMP ROAD OCALA FL 34472 OCALA FL 34472 173248 2. Principal Place of Business 3. Mailing Address 303 SW 8th Street PO Box Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Ocala, Ocala 59 • 3643744 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired นีรค 34478 *032* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Cross Scott Street Address (P.O. Box Number is Not Acceptable) North Magnotia Avenue - - BOLLINGER, KATHRYN C 9329 SE MARICAMP ROAD OCALA FL 34472 Sute 101 City Zip Code Icala, Fl 34475 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. R. SCOTT CROSS Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when (einstating) 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. 12. TITLE' ☐ Delete TITI F ☐ Change Addition Chairman CEO Robert Holloran 5268 NW 78th Ct NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u> Ocala FL 34482</u> President/ Secy-Treas. TITLE ☐ Addition THESE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS 16548 SE 27th Place CITY-ST-ZIP CITY-ST-ZIP Ocklawaha, FL 32179 ☐ Change TITLE □ Delete TITLE Addition Vice President John Grubb NAME NAME 2901 SW 4157 Street #2409 Ocala, FL 34474 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition Vice President NAME NAME Rufus O. Hylton,Jr. H30 NE 4151 Place STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 of 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 OR PRINTEN NAME OF SIGNING OFFICER OR DIRECT

352.629.9904

Daytime Phone #