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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P00000042264 DOCUMENT # 1. Entity Name 03 AUG 20 PM 2: 43 GROUP II TECHNOLOGY CORPORATION SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 10918 WILES ROAD 10918 WILES ROAD CORAL SPRINGS FL 33076 **CORAL SPRINGS FL 33076** 2. Principal Place of Business 3. Mailing Address 11110 W. Oakland But Din 1110 W. Oakland Park Bli Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES Suite 273 \_273 City & State 4. FEI Number Applied For 65-1006964 Sungise Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 33321 3335 USA us A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable 10918 WINES ROAD /SPRINGS FL 33076 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE.IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Change TITLE~ Delete ÍMOSHANKO, STEVENSON P NAME STREET ADDRESS STREET ADDRESS 10918 WILES RD. ACORAL SPRINGS FL 33076 CITY-ST-7IP CITY-ST-7/P TITLE Delete Change Addition TITLE NAME HEDDLE, JOAN L NAME STREET ADDRESS 10918 WILES ROAD : STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33076** CITY-ST-ZIP TITLE ☐ Change Addition. Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 712 CITY - ST-7IP TITLE Delete TOTALE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: