FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am Secretary of State DOCUMENT # P00000042401 1. Entity Name 05-27-2002 90343 043 ***150 00 COKER TECHNOLOGY, INC. Principal Place of Business Mailing Address 120 PORTSTEWART DR 120 PORTSTEWART DR ORLANDO FL 32828 ORLANDO FL 32828 2. Principal Place of Business 8149 Monarch DR 3. Mailing Address 9438 US Hwy 19 North Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE H 230 City & State Richey City & State Port Richey 4. FEI Number Applied For 59-3642563 Not Applicable Country PASCO \$8.75 Additional 5. Certificate of Status Desired 34668 145C0 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEANNE COKER, JEANNE L Street Address (P.O. Box Number is Not Acceptable) 120 PORTSTEWART DR ORLANDO FL 32828 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 (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 12. TITLE ☐ Delete TITLE LOKER, C. DEAN COKER. C DEAN NAME NAME 8149 Monarch DR STREET ADDRESS 120 PORTSTEWART DR STREET ADDRESS Port Richey, FL 34668 CITY-ST-7IP ORLANDO FL 32828 CITY-ST-ZIP STD ☐ Delete COKER, JEANNEL. ☐ Addition NAME COKER, JEANNE L 8149 Monriech DR. STREET ADDRESS STREET ADDRESS 120 PORTSTEWART DR PORt Richey, FL 34668 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32828 - ..- - Delete TITLE TITLE NAME 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI E ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attachmen with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIF