7R2F034 (9/01

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 03, 2002 8:00 am P00000045928 DOCUMENT # **Secretary of State** 1. Entity Name 03-03-2002 90060 006 ***150 00 DATA RECON SERVICES, INC. Principal Place of Business Mailing Address 840 SOUTH MILITARY TRAIL 840 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-1006291 Not Applicable Zip Country Country Zip \$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 Barry & Boldt, P.A BLODIG GREGORY_J ESQ_ GREENSPOON MARDER HIRSCHFELD ET AL. SunTrust Center, Suite 850 100 WEST CYPRESS CREEK ROAD SUITE 700 515 East Las Olas Boulevard FT LAUDERDALE FL 33309 Zip Code 33301 City Fort Lauderdale 8. The above named entity submits purpose of changing its registered office or registered agent, or both, in the State of Florida nomas Signature, typed or printed p ed agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees /*(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Change ☐ Addition NAME DYKES, DWIGHT E NAME STREET ADDRESS 840 SOUTH MILITARY TRAIL STREET ADDRESS DEERFIELD BEACH FL 33442 CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WARD, JAMES BYRON NAME STREET ADDRESS STREET ADDRESS 840 SOUTH MILITARY TRAIL CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP TITLE Delete TIT) F ☐ Change Addition NAME NAME SEID, ROBERT STREET ADDRESS STREET ADDRESS 840 SOUTH MILITARY TRAIL CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITI F TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P 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 his 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

SIGNATURE: