## FILED 2001-UNIFORM BUSINESS REPORT (UBR) Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P00000050283 1. Entity Name 04-04-2001 90123 029 \*\*\*150.00 TRAFFIC ENGINE, INC. Principal Place of Business Mailing Address 10125 IW. COLUNIAZ DR 10125 W. COLONIAL SULTE 217 SULTE ZIZ A0042722 OCOEE, FL 34761 O COEE, FL 34761 2. Principal Place of Business 3. Mailing Address 13.543 BANANA 13543 BANANA BAT BM DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For WINTER GARDEN, FL 59-3661197 WINTER GARDEN, FL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent . -Name GARY CAMILO, JUSEPH LIPSON 10125 W. COLONIAL DR, S-ITE ZIZ Street Address (P.O. Box Number is Not Acceptable) 9350 So-M DIXIE HIGHLING OCOEE, FL 34761 Sui TE 1550 City M. Am ( Zip Code 53.56 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, typed or printed name of printered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees . Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DIP TITLE Change Addition Addition CR2E034 (11/00 TITLE ☐ Delete NAME NAME DANID A. GUST BANANA BY DRIVE STREET ADDRESS STREET ADDRESS 13543 WINTER GARDEN, FL 34787 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME JOH ANNESSUN, PAUL NAME 10125 W. COLONIA DRILG, STE 212 STREET ADDRESS STREET ADDRESS OCOE & , -FL -34761 CITY-ST-7IP CITY-ST.: ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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 attachment with an address, with all other like empowered SIGNATURE: DAVID A. GUST PECSIDENT.