04/30/2002 15:47 FAX

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90502 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094081

1. Entity Name
DEFINITIVE TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
950 S WINTER PARK DR	950 S WINTER PARK DR
Suite, Apt. #, etc.: SUITE 333	Suite, Apt. #, etc.: SUITE 333
City & State: CASSELBERRY FL	City & State: CASSELBERRY FL
Zip: 32707 Country:	Zip: 32707 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3675275 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ~~ALAN E HAIN~~

Street Address (P.O. Box Number is Not Acceptable): 1147 O'DAY DRIVE

City: WINTER SPRINGS FL Zip Code: 32708

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 ______________________________

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $81.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D + CEO	TITLE	
NAME	ALAN E HAIN	NAME	
STREET ADDRESS	1147 O'DAY DRIVE	STREET ADDRESS	
CITY - ST - ZIP	WINTER SPRINGS, FL 32708	CITY - ST - ZIP	
TITLE	D + President	TITLE	
NAME	BRENDA HERZOG	NAME	
STREET ADDRESS	1336 QUINTUPLET DRIVE	STREET ADDRESS	
CITY - ST - ZIP	CASSELBERRY, FL 32707	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alan E. Hain Director & CEO 04/30/02 407-699-1074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1