FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED

SIGNATURE:

Feb 11, 2002 8:00 am Secretary of State P00000100194 DOCUMENT # 1. Entity Name 02-11-2002 90210 005 ***150.00 SPANOS TECHNOLOGIES, INC. Mailing Address Principal Place of Business 4250 NW 26TH AVE 4250 NW 26TH AVE **BOCA RATON FL 33434 BOCA RATON FL 33434** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1050449 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RHODES: DANIEL C Street Address (P.O. Box Number is Not Acceptable) 4250 NW 26TH AVENUE **BOCA RATON FL 33434** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. CR2E034 (9/01) Addition ☐ Delete TITLE DANIEL C. RHODES TITLE NAME 4250 NW ZET AVE SPANOS-RHODES, MELANI NAME STREET ADDRESS 4250 NW 26TH AVE STREET ADDRESS BOCA RATION, FE 33434 CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP Addition MELANI SPANOS-RHODES TITLE TITLE ☐ Delete NAME 4250 NW 264 ADE NAME RHODES, DANIEL C STREET ADDRESS 4250 NW 26TH AVE STREET ADDRESS RATION, FL 33434 CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.