FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90116 041 ***150.00

DOCUMENT # P01000052891

1. Entity Name
TRAFFIKTEK, INC.

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B0098609

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2. Principal Place of Business	3. Mailing Address
2536 COUNTRYSIDE BLVD	2536 COUNTRYSIDE BLVD
Suite, Apt. #, etc.: SUITE 200	Suite, Apt. #, etc.: SUITE 200
City & State: CLEARWATER FL	City & State: CLEARWATER FL
Zip: 33763 Country: USA	Zip: 33763 Country: USA

4. FEI Number: 59-3712906 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: KIMBERLY K. DURING
Street Address (P.O. Box Number is Not Acceptable): 2536 COUNTRYSIDE BLVD
SUITE 200
City: CLEARWATER FL Zip Code: 33763

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: KIMBERLY DURING — 4/25/02
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 $61.25
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
NAME	DURING, KIMBERLY K.
STREET ADDRESS	330 PINE APPLE STREET
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	D
NAME	HEATHER DONAHO
STREET ADDRESS	465 20 AVE
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785

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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/25/02 Date — 727-726-1700 Daytime Phone #

CR2E034B (12/01)