2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 02, 2002 8:00 am Secretary of State P01000070927 DOCUMENT # 1. Entity Name 04-02-2002 90096 043 ***158.75 ELECTRO-OPTICAL IMAGING, INC. Mailing Address Principal Place of Business 756 IRONWOOD DRIVE 756 IRONWOOD DRIVE MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. # etc. 8 Applied For City & State MELBOURNE Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KANCILIA, JOHN R'ESQ. Street Address (P.O. Box Number is Not Acceptable) 1800 WEST HIBISCUS BLVD., SUITE 138 MELBOURNE FL 32901 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) Presiden T ☐ Change Addition Delete TITLE TITLE GEORGE A. NAME KANCILIA, JOHN R ESQ. NAME CR2E034 (756 Ironwood DR 1800 WEST HIBISCUS BLVD., SUITE 138 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL MELBOURNE FL 32901 CITY-ST-ZIF SECRETARY / TREASURER TITLE ☐ Delete TITLE NATHAN A. HARRIS NAME NAME 2311 STONEBRIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Rockledge, CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition □ Delete ---TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director indicated on this report or supplemental report is true and of the corporation or the receiver parustee error to the corporation or the receiver part of the corporation of the corporation of the corporation or the receiver part of the corporation xeede this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ME OF SIGNING OFFICER OR DIRECTOR