2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

May 28, 2002 8:00 am Secretary of State P01000086238 DOCUMENT # 1. Entity Name 05-28-2002 91536 037 ***150.00 APDIC SOLUTIONS INC. Principal Place of Business Mailing Address 1804 SE WASHINGTON 1804 SE WASHINGTON STUART FL 34997 STUART FL 34997 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number W312X Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 1804 SE WASHINGTON STUART FL 34997 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS **PCEO** TITLE ☐ Addition TITI F ☐ Delete NAME JONES, HENRY C NAME STREET ADDRESS 116 SKYHAWK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HARVEST AL 35749 ☐ Addition Change TITLE Delete TITLE NAME JONES, BETTY L NAME STREET ADDRESS STREET ADDRESS 116 SKYHAWK DR CITY-ST-ZIP HARVEST AL 35749 CITY-ST-ZIP Addition TITLE Delete _ NAME NAME LINDSEY, SANDRA M STREET ADDRESS **1840 SE WASHINGTON** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL Delete DIRECTOR NAME 5060 25 MPLACE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition 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

FILED