AMENDED

2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED
DOCUMENT # P01000121796 1. Entity Name						03 APR 22 PH 2: 27
THE FLORIDA INSTITUTE FOR RESEARCH, SCIENCE & TECHNOLOGY, INC.						SECRETARY OF STATE FALLAHASSEE. FLORIDA
Principal Place of Business 38 ST. GEORGE PLACE PALM BEACH GARDENS, FL 33418 Mailing Address 38 ST. GEORGE PLACE PALM BEACH GARDENS, FL				18		
Principal Place of Business 3. Mailing Add			Address			
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES
City & State		City & State				4. FEI Number
Z ip	Country	Zip	Coun	Country		Certificate of Status Desired
	6. Name and Address of Curren	t Registered Agent	L			7. Name and Address of New Registered Agent
EDWARDS, DAVID L 38 ST. GEORGE PLACE PALM BEACH GARDENS, FL 33418				Name		
				Street Address (P.O. Box Number Is Not Acceptable)		
				City FL Zip Code		
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. I am familiar with, and accept the deligations of registered agent. SIGNATURE Signature. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE						
	Signature, typed or printed name of registered ager	tand title if applicable. (NOT	E: Registare	d Agentsignature	required v	ad when reinstating) OATE
Afte	FILE NOWIII FEE IS \$150:00 r May 1, 2003 Fee will be \$550 00 k Payable to Florida Department					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
1 O.	OFFICERS AND		11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	MAY, RONALD D	∕ Ω Dekte	NAM STRE			000016986530 04/25/0301009007 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD EDWARDS, DAVID L 38 ST. GEORGE PLACE PALM BEACH GARDENS. FL 3	☐ Delete	B.		Edward S8 S	, V, S, T, D. Diction Addition wards, David L. St. George Place
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			_гап	alm Beach Gardens, FL 33418
THUE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	A			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete	8			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[™] □ Delete	Ø			Change Addition
12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE SIGNATURE						
JIGNAI	SIGNATURE AND TWEED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECT	OR	_	Date Caytime Phone #

28 4/23