2003 FOR PROFIT CORPORATION

FILED Mar 07, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P02000010770 DOCUMENT # 1. Entity Name 03-07-2003 90070 023 ***150.00 THOMAS J. TEDESCO, JR., P.A. Principal Place of Business Mailing Address 1857 N. PINE ISLAND ROAD 1857 N. PINE ISLAND ROAD PLANTATION FL 33322 PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address 321 West Davi 321 West Ravie Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For out 1 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ress of Current Registered Agent 7. Name and Address of New Registered Agent TEDESCO, THOMAS J JR Street Address (P.O. Box Number is Not Acceptable) 1857 N. PINE ISLAND ROAD PLANTATION FL 33322 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Director ☐ Addition NAME TEDESCO, THOMAS J Thomas J. Techsia Tr. NAME "6TREET AUDRESS 321 west Dave Blod, 1857 N. PINE ISLAND ROAD STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33322 CITY-ST-ZIP Part Landerdell, FL ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Thomas J. Federas Tr. 3/1/2007 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF