FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90242 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000059237

1. Entity Name
K-TECH SOFTWARE SOLUTIONS, INC.

Principal Place of Business	Mailing Address
4090 HODGES BLVD., APT. 3413 JACKSONVILLE, FL 32224	4090 HODGES BLVD., APT. 3413 JACKSONVILLE, FL 32224

2. Principal Place of Business		3. Mailing Address	
13025 HARBORTON DR		13025 HARBORTON DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: JACKSONVILLE FL		City & State: JACKSONVILLE FL	
Zip: 32224	Country: USA	Zip: 32224	Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 30 008 2576 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BARLEY, DAVID SR.
4346 SOUTHPOINT BLVD., STE. 100
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name: Paul G. Miller
Street Address (P.O. Box Number Is Not Acceptable): 12187 Beach Blvd. Ste. 10
City: Jacksonville FL Zip Code: 32246

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 obligations of registered agent.

SIGNATURE: Paul Miller 4/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DAVID KAZEBEE		NAME		
STREET ADDRESS	13025 HARBORTON DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32224		CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Sharon Kazebee		NAME		
STREET ADDRESS	13025 HARBORTON DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32224		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ 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		
TITLE		☐ Delete	TITLE		☐ 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		

CR2E034 (10/02)

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.

SIGNATURE: [signature] 4-19-03 904-612-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #