2003 FOR PROFIT CORPORATION

May 01, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000101239 DOCUMENT # 05-01-2003 90785 029 ***150.00 1. Entity Name JWD TECH, INC. Principal Place of Business Mailing Address 1390 WINDWARD LANE 1390 WINDWARD LANE NICEVILLE FL 32578 NICEVILLE FL 32578 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For Not Applicable 54-2089045 Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DANICK, JEFFERY W Street Address (P.O. Box Number is Not Acceptable) 1390 WINDWARD LANE NICEVILLE FL 32578 City 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 obligations of registered agent. SIGNATURE ited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Addition ☐ Delete Director DANICK, JEFFREY W NAME NAME Danick, Jeffrey W. 1390 WINDWARD LANE STREET ADDRESS STREET ADDRESS 1390 Windward Lane NICEVILLE FL 32578 CITY-ST-ZIP CITY-ST-ZIP Niceville, Florida 32578 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS . . CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete _____Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

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 attachmen with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP