FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 30, 2001 8:00 am DOCUMENT # **P40052 Secretary of State** DISK TECHNOLOGIES CORPORATION OF DELAWARE 01-30-2001 90211 005 ***150.00 Principal Place of Business Mailing Address 7033 STAPOINT COURT 7033 STAPOINT COURT STF F WINTER PARK FL 32792 WINTER PARK FL 32792 3. Mailing Address 2. Principal Place of Business 6961 HANLINL MOSS RIS Suite, Apt. #, etc. 6961 HANGING MOSS RI) DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For City & State 59-3096516 Not Applicable RLANDO MLANDO \$8.75 Additional 5. Certificate of Status Desired ORANLE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMOS, C A Street Address (P.O. Box Number is Not Acceptable) 7033 STAPOINT CT STE F WINTER PARK FL 32792 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 TITLE PTD ☐ Delete TITLE NAME AMOS, C. ALLEN NAME 6961 HANGING MOSS RD ORLANDO, EL 32807 STREET ADDRESS STREET ADDRESS 7033 STAPOINT COURT, STE F CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. --☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE

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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-00

407-671-5500

Daytime Phone #

CR2E034 (10)