FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Sep 09, 2002 8:00 am Secretary of State DOCUMENT # P92000000527 1. Entity Name 09-09-2002 90007 042 ***150.00 SUB-TREK, INC. Principal Place of Business Mailing Address 416 ALMANSA ST. N.E. 416 ALMANSA ST. N.E. PALM BAY FL 32907 PALM BAY FL 32907 2. Principal Place of Business 3. Mailing Address 416 Almansa 416 Almansa Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Pálm City & State City & State 4. FEI Number Applied For 59-3153368 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 70P U.S.A **2907** 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANITANO, JENNIFER A Street Address (P.O. Box Number is Not Acceptable) 416 ALMANSA ST NE PALM BAY FL 32907 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change CANITANO, JENNIFER A NAME NAME 416 ALMANSA ST NE STREET ADDRESS STREET ADDRESS PALM BAY FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Celete TITLE ☐ Change ☐ Addition NAME NAME

STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Detete TITLE ☐ Chance NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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-7IP

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 of

SIGNATURE:

MREJennifer A. Canitano 9-6-02

Affachment #P92000000 57

Dear Division of Corporations,

I never received the original notice for the Uniform Business Report In the eleven years prior to 2002 we have always paid on time. The original payment of 150, is enclosed since this notice is the first one I've received.

Thank You; Mrs. Jennifer a Canetano Pres. Sub Trak, Inc.