FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 15, 2002 8:00 am Secretary of State P93000014338 DOCUMENT # 1. Entity Name 05-15-2002 90041 009 ***150.00 COALESCE, INC. Mailing Address Principal Place of Business 11701 BELCHER RD S. 11701 BELCHER RD S. 123 **LARGO FL 33773 LARGO FL 33773** US US 3. Mailing Address 2. Principal Place of Business 7300 BRYAN DAIRY ROAD 7300 BRYAN DAIRY KCAD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. # 450 # 450 Applied For 4. FEI Number City & State City & State FL 65-0390685 Not Applicable LAR60 LAK60 \$8.75 Additional Country Country 5. Certificate of Status Desired ÚS Fee Required. 33777 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSS, RANDALL D. Street Address (P.O. Box Number is Not Acceptable) 7300 BRYAN DAIRY ROAD 11701 BELCHER RD S. 123 **LARGO FL 33773** LARGO 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 D. Koss SIGNATURE. Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. OFFICERS AND DIRECTORS 11. Change Delete TITLE PTSD TITLE NAME NAME ROSS, RANDALL D 7300 BRYAN DAIRY ROAD #450 STREET ADDRESS 13500 RODGERS AVENUE #1016 STREET ADDRESS 33777 CITY-ST-ZIP LARGO FL CITY-ST-ZIP LARGO FL Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME MARCHAND, SAM R. 7300 BRYAN DAIRY ROAD STREET ADDRESS 1170 ROBMAR STREET ADDRESS 33777 CITY-ST-ZIP LARGO CITY-ST-ZIP DUNEDIN FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete