FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2001 8:00 am DOCUMENT # P93000046909 **Secretary of State** JEAN LEFEBURE TECHNOLOGY, INC. 02-13-2001 90600 049 ***158.75 Principal Place of Business Mailing Address 1936 LEE RD 1936 LEF RD WINTER PARK FL 32789 WINTER PARK FL 32789 00017052 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3189287 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLARD, JEAN-MARC Street Address (P.O. Box Number is Not Acceptable) 1936 LEE RD WINTER PARK FL 32789 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition 3R2E034 (10/00) ALLARD, JEAN-MARC NAME NAME STREET ADDRESS STREET ADDRESS 1936 LEE RD CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE . Delete TITLE ☐ Change ☐ Addition TANNER, JANICE C. NAME STREET ADDRESS STREET ADDRESS 1936 LEE ROAD CITY-ST-ZIP CITY-ST-7IP WINTER PARK FL 32789 ☐ Change TITLE Delete TITLE Addition ODEA, P FREDERICK J NAME NAME STREET ADDRESS STREET ADDRESS 1936 LEE ROAD CITY-ST-7IP CITY-ST-ZIP WINTER PARK FL TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME EVANS, R W NAME STREET ADDRESS STREET ADDRESS 1936 LEE ROAD CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE ☐ Delete ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS 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 other like empowered.

SIGNATURE:

L. Frysleich O. Suf. S. Frederick O'Des, Tr. 2/5/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-683

Daytime Phone #