2000 UNIFORM BUSINESS REPORT (UBR) FILED May 09, 2000 8:00 am Secretary of State DOCUMENT # P94000066014 1. Entity Name 05-09-2000 90143 007 ***150.00 National Data Center Corporation Principal Place of Business Mailing Address 3811 Tyrone Blvd. 3811 Tyrone Blvd. St. Petersburg, FL St.Petersburg, FL 33710 33710 2. Principal Place of Business 3. Mailing Address 3811 Tyrone Blvd. 3811 Tyrone Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & Site. Petersburg, FL st. Petersburg, FL 4. FEI Number Applied For Not Applicable 65-056009 Country Country \$8.75 Additional 33710 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent. John M. Addis Street Address (P.O. Box Number is Not Acceptable) 3811 Tyrone Blvd. ST.Petersburg, FL 33710 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 FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President/S/Treas./Dir □ Delete **Change** TITLE TITLE NAME NAME 11372 75th Aven John M. Addis STREET ADDRESS STREET ADDRESS 3811 Tyrone Blvd.-St.Petersbur CITY-ST-ZIP Semunole . CITY-ST-7/P TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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 other like empowered. 32-00 727-345-5436 SIGNATURE: John M. Addis William Objector or Director