2000 UNIFORM BUSINESS REPORT (UBR)

fent with an address, with all other

changed, or on an attach-

kke empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **P95000032625** BINARY DIGITAL LOGIC, INC. 01-29-2000 90144 021 ***150.00 Mailing Address Principal Place of Business RT. 4. BOX 751-B RT. 4. BOX 751-B PALATKA FL 32177-8924 PALATKA FL 32177 しひひませんんび 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3308572 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required ~7. Name and Address of New Registered Agent 6 Name and Address of Current Registered Agent **BRANHAM, JOANNIE** Street Address (P.O. Box Number is Not Acceptable) RT. 4, BOX 751-B PALATKA FL 32177 FL | 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 DATE 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Delete TITLE BRANHAM, DENNY NAME NAME STREET ADDRESS RT. 4, BOX 751-B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALATKA FL 32177 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change Delete_ TITLE _ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. I hereby certify that the information supplied with this filling 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