2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000040489 Apr 16, 2000 08:00 AM 1. Entity Name **Secretary of State** PALM COAST TECHNOLOGIES, INC. Principal Place of Business Mailing Address 4496 SOUTHSIDE BLVD 4496 SOUTHSIDE BLVD 101 JACKSONVILLE BEACH JACKSONVILLE BEACH FL FL 32250 32250 US 2. Principal Place of Business 3. Mailing Address 4157 STACEY ROAD 4157 STACEY ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For JACKSONVILLE BEACH FL JACKSONVILLE BEACH FL 59-3315840 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32250 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBISON 1 INDEPENDENT DRIVE STE 2600 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE \mathbf{FL} 32202 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. 04/16/2000 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 After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Detete ☐ Change X Addition NAME WYATT SUSAN STREET ADDRESS STREET ADDRESS 4157 STACEY ROAD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BEACH 32250 TITLE ☐ Delete TITLE X Change ☐ Addition NAME NAME WYATT THOMAS S.IR.. WYATT THOMAS S.TR. STREET ADDRESS 4157 STACEY ROAD STREET ACCRESS 4157 STACEY ROAD CITY-ST-ZIF JACKSONVILLE. FI 32202 CITY-ST-718 JACKSONVILLE BEACH FT. 32250 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

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