2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000046510 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name **EXCELLENCE TECHNICAL CORPORATION** 04-24-2000 90132 031 ***150.00 Principal Place of Business Mailing Address 14026 DEP FOREST COURT 14026 DEP FOREST COURT ORLANDO FL 32832-5725 ORLANDO FL 32825 US US 2. Principal Place of Busings 3. Mailing Address 14026 DEEP FOREST COURT 14026 *Deep* Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3319499 ORLANDO FLORIDA OR LANDO ZORIDH Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32832 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANDRA EDITH FLETCHER EARNEST Street Address (P.O. Box Number is Not Acceptable) 14026 DEEP FOREST COURT ORLANDO FL 32832 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, 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 Trust Fund Contribution: Added to Fees Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.11 11. OFFICERS AND DIRECTORS 12. PSD TITLE ☐ Addition TITLE □ Delete EARNEST, SANDRA EDITH F NAME NAME STREET ADDRESS STREET ADDRESS 14026 DEEP FOREST COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32832 ☐ Change **Addition** Delete TITLE Earnest, Jimmy Lynn 14026 Deep Forest Court Orlando, FL 32832 EARNEST, JIMMY LYNN NAME NAME STREET ADDRESS 14026 DEEP FOREST COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32832 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE: A PROBLEM EF Farm

(457)381-4800