2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # **P95000046510** 1. Entity Name **EXCELLENCE TECHNICAL CORPORATION** 04-23-2001 90091 010 ***150.00 Principal Place of Business Mailing Address 14026 DEP FOREST COURT 14026 DEP FOREST COURT ORLANDO FL 32825 ORLANDO FL 32825 642991 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3319499 Not Applicable Country \$8.75 Additional Orange 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent SANDRA EDITH FLETCHER EARNEST Street Ad 14026 DEEP FOREST COURT ORLANDO FL 32832 *328 32* he pullipse of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for SIGNATURE 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 OFFICERS AND DIRECTORS 12. 11. **PSD** ☐ Addition Delete TITLE TITLE EARNEST, SANDRA EDITH F NAME NAME 14026 DEEP FOREST COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32832 PVSTD Change ☐ Addition Delete TITLE Earnest , Jimmy Lynn EARNEST, JIMMY LYNN NAME NAME 14026 Deep Forest Court STREET ADDRESS STREET ADDRESS 14026 DEEP FOREST COURT Orlando, FL 32832 CITY-ST-ZIP ORLANDO FL 32832 CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE Delete NAME EARNEST, JIMMY L NAME STREET ADDRESS STREET ADDRESS 14026 DEEP FOREST CT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32832 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 interpropowered.

SIGNATURE: