## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P95000080594 1. Entity Name MICROCON CORPORATION 05-10-2001 90073 033 \*\*\*150.00 Mailing Address Principal Place of Business 1630 MYRTLE LAKE HILLS 1630 MYRTLE LAKE HILLS LONGWOOD FL 32750 LONGWOOD FL 32750 US 2. Principal Place of Business 3. Mailing Address 052 Montgonery 1052 Montgomery RO DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State 4. FEI Number Applied For City & State 59-3350296 Not Applicable Hamone. \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent steve walterhouse WALTERHOUSE-STEVEN-D Street Address (P.O. Rox Number is Not Acceptable) 1630 MYRTLE LAKE HILLS RD LONGWOOD FL 32750 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change CR2E034 (10/00) ☐ Addition PD TITLE ☐ Delete TITLE waterhouse Steven NAME WALTERHOUSE, STEVEN D. NAME 1062 Montgomery Rd, 119 Altomontespring, FL 32 STREET ADDRESS 1630 MYRTLE LAKE HILLS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Addition TITLE Delete TITLE walterhouse Kathy NAME WALTERHOSUE, KATHY S NAME STREET ADDRESS 1052 Montgomery Rd, 119 Altamonte Spurp 1 F1 STREET ADDRESS 1630 MYRTLE LAKE HILLS RD CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Addition ☐ Delete TITLE 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 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 like empowered.

SIGNATURE:

Collamo

4/24/2001

407-331-3211

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