## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 10, 2000 8:00 am Secretary of State DOCUMENT # P96000103462 GENEVAMATION INDEXING DRIVES, INC. 04-10-2000 90171 047 \*\*\*150.00 Principal Place of Business Mailing Address 3814 EAST COLUMBUS DRIVE P O BOX 629 MANGO FL-33550-0629 TAMPA FL 2. Principal Place of Busines 3. Mailing Address 50° Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3405797 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HORNER, KEVIN Street Address (P.O. Box Number is Not Acceptable) 12013 DOZER LANE THONOTOSASSA FL 33592 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 11. OFFICERS AND DIRECTORS TITLE Addition TITLE ☐ Delete NAME NAME HORNER, KEVIN STREET ADDRESS 12323 FRANKLIN ROAD STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33527** CITY-ST-7IP ☐ Addition ☐ Delete ☐ Change TITLE TITLE ECCLES, SCOTT NAME STREET ADDRESS STREET ADDRESS 7414 ROUGH ROAD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33610 Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE

13. I hereby certify that the information supplied with tris filing thes no 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 leport in flue 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 embowered 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 kis empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:X

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eccles 4/5/00

813-987-261

Daytime Phone #