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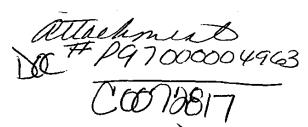
2001 UNIFORM BUSINESS REPORT (UBR)

Jul 10, 2001 8:00 am Secretary of State P97000004963 DOCUMENT # 1. Entity Name 07-10-2001 90127 034 ***155 00 ACUFLOW, INC. Principal Place of Business Mailing Address 2496 PARK PLACE BLVD 2496 PARK PLACE BLVD MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0763305 Not Applicable Zip Country 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 Name BURKE, MATTHEW T CPA Street Address (P.O. Box Number is Not Acceptable) 503 N. ORLANDO AVE., STE 106 COCOA BEACH FL 32931 Zip Code City FL 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 \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (5/01) ☐ Addition TITLE Delete TITLE HARDEE, ROBERT NAME NAME mecsor STREET ADDRESS 5585 PENNOCK POINT RD STREET ADDRESS JUPITER FL 33458 CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE TITLE ☐ Delete Johnson, Martin Dr NAME NAME STREET ADDRESS 6550 N WICKHAM RD STREET ADDRE CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32940** TITLE - Delete TITLE Change ☐ Addition NAME GREEN, SHERRI NAME UNIVERSITY OF SOUTH FLORIDA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL OR CHARKS PEANCE | Change 471 SOWD PIPEN DRIVE. SOSKUITK BELOW, FL. 32927 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an adding





Phone 321-242-8329 FAX 321-259-1345 mauerbach-emtel@cfi.rr.com

Thursday, July 05, 2001

Proprietary & Confidential

Division of Corporations Uniform Business Report Filings P.O. Box Tallahassee, Florida 32302-1500

Reference:

2001 Uniform Business Report

We have just received the report form referenced above and were surprised to see that the filing fee was \$550.00. Our accountant advised me that we should have received a form months earlier, which would have shown \$150.00 due. We never received that form for some reason.

Since we are working from a residence until our company can support an office facility we are not allowed to display a sign visible from the street (mailbox). Due to this requirement we find that we sometimes do not receive mail addressed to the company only.

We have made appropriate changes and have enclosed a check for the \$155.00 we would have paid immediately if we had received the original form. Since the delay was due to no fault of our own and we cannot afford the \$550.00 at this time, we would appreciate your assistance in having the increase waived. I have contacted the post office with information on potential deliveries to our address.

Thank you for your consideration.

Sincerely

Mitchell J. Auerbach

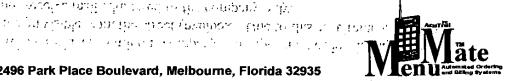
Director

AcuFlow, Inc.

MJA/ce.

Enclosures: CR2E034 Form and Check \$155.00





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