2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P9700034951 COMPATIBLE SERVICES, INC. 05-01-2001 90133 028 ***150.00 Principal Place of Business Mailing Address 1824 SANDRA BLVD 1824 SANDRA BLVD. SEBRING FL 33870 SEBRING FL 33870 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3441752 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOZIC, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1824 SANDRA BLVD SEBRING FL 33870 Zio Code City 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 or ntodiname 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Adoldion ☐ Chaege 71715 Delete TITLE KOZIC, JOSEPH NAME STREET ADDRESS 1824 SANDRA BLVD STREET ADDRESS CITY - ST - ZIP SEBRING FL 33870 CITY-ST-Z!P Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS C:TY-S7-7IP CiTY-ST-ZIP ☐ Change □ Addition De:ete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY - ST - ZIP Change Addition ☐ Delete THE TITLE MASAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP Change ☐ Addition ☐ Delete 7171.5 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY - ST - ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 eath; 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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH W KOSIC 3 24 01 863-40