2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000052168 May 04, 2000 8:00 am Secretary of State 1. Entity Name PASSERES SYSTEMS, INC. 05-04-2000 90111 010 ***150.00 Principal Place of Business Mailing Address 12472 LAKE UNDERHILL RD., STE, 201 12472 LAKE UNDERHILL RD., STE, 201 ORLANDO FL 32828 ORLANDO FL 32828-7144 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3514689 Not Applicable Zip Country Country \$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 Name GRAHAM, ANTERRO Street Address (P.O. Box Number is Not Acceptable) 12472 LAKE UNDERHILL RD., STE. 201 ORLANDO FL 32828 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 11. OFFICERS AND DIRECTORS 12. Charles, Alex ☐ Change TITLE Delete TITLE GRAHAM, ANTERRO A 813 E. Bloomingdole Ave NAME NAME 12472 LAKE UNDERHILL RD. STREET ADDRESS STREET ADDRESS Brandon, FL 33511 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32828 Delete Addition TITLE TITLE GRAHAM, SYLVIA L NAME 12472 LAKE UNDERHILL RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32828 ☐ Change Addition TITLE ☐ Delete Charles, Alex 813 E. Blooming date Brayson, FL 33511 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-ZIE Change [] Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 anythat 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 exactly the 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:

SIGNATURE AND TYPED OR PRINTER AND TYPED OR P