## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000057062 Aug 02, 2000 8:00 am Secretary of State 1. Entity Name 32X TECH CORPORATION 08-02-2000 90125 024 \*\*\*550.00 Principal Place of Business Mailing Address 6134 LYN MAR DRIVE 6134 LYN MAR DRIVE LAKELAND FL 33813 LAKELAND FL 33813 AUU70827 2. Principal Place of Business 969 Hillings worth 3. Mailing Address 969 Hollings worth Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3499492 4 Keland Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3801 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kenneth C. MILLER, KENNETH C Address (P.O. Box Number is Not Acceptable) 6134 LYN MAR DRIVE LAKELAND FL 33813 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 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS 11. 12. Change Addition TITLE TITLE ☐ Delete Miller, Kenneth C. MILLER, KENNETH C NAME NAME 469 Hollingsworth Rd. 6134 LYN MAR DRIVE STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP Lykeland, FL 33801 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE SPENCER, KENNETH L NAME 6000 SPANISH OAK DR STREET ADDRESS STREET ADDRESS **GREENSBORO NC 27409** 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplier ental 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 of 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. of the corporation or the rece changed, or on an attachme

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR