2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 29, 2001 8:00 am DOCUMENT # **P97000069994 Secretary of State** 1. Entity Name PRODUCT DEVELOPMENT SPECIALISTS, INC. 01-29-2001 90134 036 ***158.75 Principal Place of Business Mailing Address 1194 AZORA DRIVE 1194 AZORA DRIVE **DELTONA FL 32725** DELTONA FL 32725 2. Principal Place of Business 3. Mailing Address 2432 Orchard Dr. 2432 Orchard Dr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3461114 ApopKA Not Applicable \$8.75 Additional 5. Certificate of Status Desired 27/2 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRADDY, DENNIS 1194 AZORA DRIVE **DELTONA FL 32725** Zip Code 3 2 7/2 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. (NOTE: Registered Agent signal ired when reinstating) FILE NOW!!! FEE(IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND, DIRECTORS IN 11 12. 1. 人名伊斯特克克克尔 TITLE ☐ Delete TITLE BRADDY, DENNIS 2432 Orchard Dr. ApopKA, RL 32712 STREET ADDRESS 1194 AZORA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32725** TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition DITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 changed, or on an attachment with an address, with all other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: