FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Apr 23, 2002 8:00 am Secretary of State DOCUMENT # P97000096910 1. Entity Name 04-23-2002 90340 018 ***150 GATORSOFT, INC. Principal Place of Business Mailing Address 1900 MAIN ST 1900 MAIN ST SUITE 305 SUITE 305 SARASOTA FL 34236 SARASOTA FL 34236 US 2. Principal Place of Business Mailing Address Ave Circle E 3716 72nd Ave 72 nd Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0793586 aras a raso Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZIMMERMAN, DAVID M Street Address (P.O. Box Number is Not Acceptable) 3716 72ND AVE, CIRCLE E SARASOTA FL 34243 City Zip Code 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. 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. TITLE TITLE ☐ Delete Change ☐ Addition ZIMERMAN, DAVID M NAME NAME STREET ADDRESS 3716 72 AVE CIRCLE E STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ZIMMERMAN, DAVID M NAME STREET ADDRESS STREET ADDRESS 3716 72ND AVE CIRCLE E CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete Change TITLE Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

AM COM TO ME AND THE PROPERTY OF THE AND THE A

4/10/02

(141) 358-4344

Daytime Phone #