## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P97000097376 1. Entity Name COMMUNICATION SOFTWARE TECHNOLOGIES, INC. 4-10-2001 90131 021 \*\*\*150.00 Mailing Address Principal Place of Business PMB #222 27445 BREAKERS DRIVE 303-D BELTLINE PLACE SW WESLEY CHAPEL FL 33543 C0044380 DECATUR AL 35603 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied:For ~ City & State 4. FEI Number -City & State 59-3478145 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOZIER, DANIEL R Street Address (P.O. Box Number is Not Acceptable) 125 W. ROMANA ST, SUITE 224 PENSACOLA FL 32501 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Defete TITLE TITLE NAME NAME TAYLOR, TERRENCE STREET ADDRESS STREET ADDRESS 4204 HORSESHOE BEND ROAD CITY-ST-ZIP CITY-ST-ZIP **DECATUR AL 35603** - ☐ Change --- ☐ Addition ☐ Delete -TITLE TITLE -NAME TAYLOR, TRENT A NAME STREET ADDRESS STREET ADDRESS 464 CAHABA PARK CIRLE CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35242** Change ☐ Addition ☐ Delete TITLE TITLE **EVP** NAME LEWIS, JERRY L NAME STREET ADDRESS STREET ADDRESS 27445 BREAKERS DRIVE CITY-ST-ZIP CITY-ST-ZIP WESLEY CHAPEL FL 33543 Change ☐ Addition TITLE Delete TITLE

13. I hereby certify that the information supplied with this filling 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.

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

LEWIS, HEATHER S

27445 BREAKERS DRIVE

WESLEY CHAPEL FL 33543

SIGNATURE AND TYPED OR PRINTED NAME OF SISKING OFFICER OR DIRECTOR

Delete

Delete

April 4, 2001 (256) 341-014

Date Daytime Phone

CR2E034 (10/00)

☐ Addition

☐ Addition

Change

☐ Change