2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 2

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P97000108394 1. Entity Name ACI DIRECT, INC. 04-10-2001 90023 014 ***150.00 Principal Place of Business Mailing Address 4505 18TH ST. EAST 4505 18TH ST. EAST BRADENTON FL 34203 **BRADENTON FL 34203** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0806078 Not Applicable Zip Country \$8.75 Additional Zip 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 Shea, John J. Jr. SHEA, JOHN J JR Street Address (P.O. Box Number is Not Acceptable) 630 S. ORANGE AVE., #300 SARASOTA FL 34236 2940 South Tamiami Trail City Sarasota 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition D ☐ Delete TITLE TITLE NAME PANUCE, DONALD G NAME STREET ADDRESS STREET ADDRESS 4505 18TH ST. EAST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** ☐ Change ☐ Addition Delete TITLE NAME PANUCE, MARSHA R NAME STREET ADDRESS STREET ADDRESS 4505 18TH ST. EAST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TIT! F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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

Donald G. Panuce, President 4/4/01

941-746-3221

Daytime Phone #