2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9800002078 Sep 11, 2000 8:00 am Secretary of State NEWTREND TECHNOLOGIES, INC. 09-11-2000 90008 014 ***550.00 Principal Place of Business Mailing Address 202 CHURCHILL DR 202 CHURCHILL DR LONGWOOD FL 32779 LONGWOOD FL 32779 Ratabaso 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3483655 Not Applicable Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ... 6. Name and Address of Current Registered Agent Name WHITE, CHARLES M Street Address (P.O. Box Number is Not Acceptable) 202 CHURCHILL DR LONGWOOD FL 32779 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 11. OFFICERS AND DIRECTORS 12. virnan, President, CEOT Change ☐ Delete TITLE TITLE white, charles WHITE, CHARLES M NAME NAME C 32779 STREET ADDRESS STREET ADDRESS 202 CHURCHILL DR CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 □ Delete TITLE sebster. WEBSTER, PAUL NAME NAME STREET ADDRESS 272 HUNTERS POINT TR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LONGWOOD FL 32779 Change ☐ Addition . Detete -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Detete Change NAME NAME STREET ADDRESS

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 frue 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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NAME STREET ADDRESS

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Addition