2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 14, 2000 8:00 am DOCUMENT # **P98000009317** Secretary of State E TEC SOLUTIONS, INC. 03-14-2000 90081 019 ***150.00 Principal Place of Business Mailing Address 1400 ROOSEVELT BLVD 235 SAN SALVADOR DRIVE **DUNEDIN FL 34698** STE 614-B CLEARWATER FL 33762 2. Principal Place of Business 3. Mailing Address 26:23 McCornick Drive 2623 Mc Cormick Dr DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3489118 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 759 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UDGIN VOGIN, ELLYN C Street Address (P.O. Box Number is Not Acceptable 235 SAN SALVADOR DRIVE **DUNEDIN FL 34698** 8. The above named entity subgrits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy as 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, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. **PVSD** ☐ Change Addition Delete TITLE VOGIN, ELLYN C 235 SAN SALVADOR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** TITLE ☐ Delete Change Addition **VOGIN. HOWARD S** NAME STREET ADDRESS 235 SAN SALVADOR DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Change Addition TITLE TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF De'ete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE De'ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAMES SIGNING OFFICER OR DIRECTOR

2/25/00

727-799-5400

Daytime Phone #