FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 07, 2003 8:00 am Secretary of State P98000022499 DOCUMENT # 1. Entity Name THE PUMPWORKS, INC. Mailing Address Principal Place of Business 3475 PARKWAY CENTER CT 3475 PARKWAY CENTER CT ORLANDO FL 32808 ORLANDO FL 32808 2. Principal Place of Business-5508 Commerce Wa-5508 Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State 59-3497794 RLANDO Not Applicable ANDO \$8.75 Additional 5. Certificate of Status Desired Fee Required ANGE RANGE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name--MCCARRON, DAVID J CPA Street Address (P.O. Box Number is Not Acceptable) 1900 NORTH MILLS AVE SUITE 100 ORLANDO FL 32803 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIS NATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ☐ Addition TITLE TITLE **PVST** Delete GIACONA, FRANK NAME NAME STREET ADDRESS 6904 WINDSTREAM TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition __Delete__ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE

12. Thereby 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 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS