2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000054287** Apr 28, 2000 8:00 am Secretary of State PROBE TECHNOLOGIES, INC. 04-28-2000 90133 030 ***158.75 Principal Place of Business Mailing Address 5100 6TH AVE..NORTH 5100 6TH AVE.,NORTH ST. PETERSBURG FL 33710-7312 ST. PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address 2482 NEPTUNE CT. 2482 NEPTUNE CT. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State APPLIED FOR Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required Name and Address of Current Registered Agent - 7. Name and Address of New Registered Agent. SHERVELL, JEFFREY L reet Address (P.O. Box Number is Not Acceptable) 5100 6TH AVE., NORTH ST. PETERSBURG FL 33710 Zip Code **32926-53**11 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. FILE NOW!!! FEE IS \$150.00 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 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. ☐ Delete TITLE TITLE 15 LAUREL DR. ABDRESS BABB, ANDREW W SR. NAME NAME STREET ADDRESS 5100 6TH AVE., NORTH STREET ADDRESS SCITUATE, MA 02066 CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33710 **X** Change ☐ Addition ☐ Delete TITLE ADDRESS 2482 NEPTUNE CT. DANA, ALFRED NAME STREET ADDRESS STREET ADDRESS 5100 6TH AVE..NORTH COCOA, FL. 32926-5311 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33710 X Change ADDRESS Addition TITLE ☐ Delete TITLE NAME VANFLEET, DOROTHY NAME 440 ROSEMARY ST. #14 STREET ADDRESS STREET ADDRESS 5100 6TH AVE..NORTH WEST PALM BEACH, FL 33401 CITY-ST-7iP CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS