2001 UNIFORM BUSINESS REPORT (UBR)

PRODE FECHNOLOGIES, INC.  Principal Piece of Business  Main rig Address  AND PIECE CT  COCOA R. \$2566-5011  2. "Image of Piece of Business  S. Main'ng Address  S. Mai	DOCL	JMENT # P980000	54287		(OBF	•,						į
Principal Princi	i. Entity Na	me <del>s</del>						FILED				
Pincipal Place of Business							01 <b>W</b>		3: 05			
2. Principal Place of Business	Principal Pla	ce of Business	Mailing Address									
Sille, Apt. 4, ep:  Sulle, Apt. 4, ep:  City & State  City & State  City & State  Country  Sille, Apt. 4, ep:  City & State  City & State  Country  Sille, Apt. 4, ep:  Sille, Apt. 4,							SEGR TALLA	HASSEE, FI	LORIDA			
Covy S State  Covy S State  County  Co	2. Principal	Place of Business	3. Mailing Address									
City & State	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.					DO NOT WRITE	E IN THIS SE	PACE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
State   Country   Zip	City & Sta	ato -	City & State	-	·	4.	FEI Number	59-3573759		<del>   </del>	<del>· · · · · · · · · · · · · · · · · · · </del>	]
Street Address of New Registered Agent   Name and Address of New Registered Agent   Name and Address of New Registered Agent   Name and Address (P.O. Box Number is Not Acceptable)			Zip	Country		5.	Certificate of			8.75 Add	ditional	1
DANA, ALFRED 2482 NEPTURE CT. COCOA FL 32926-5311  City FL Zp Code  City FL Zp Code  City FL Zp Code  8. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Rorida.  SIGNATURE  General Property of the purpose of changing its registered officer or registered agent, or both, in the State of Rorida.  SIGNATURE  General Property of the purpose of changing its registered officer or registered agent, or both, in the State of Rorida.  SIGNATURE  General Property of the purpose of changing its registered officer or registered agent, or both, in the State of Rorida.  SIGNATURE  General Property of the purpose of changing its registered officer or registered agent, or both, in the State of Rorida.  SIGNATURE  General Property of the purpose of changing its registered officer or registered agent, or both, in the State of Rorida.  SIGNATURE  General Property of the purpose of changing its registered officer or registered agent, or both, in the State of Rorida.  DATE OF Interest and elects to do so.  After MAY 1, 20 in Fee will be \$550.00  After MAY 1, 20 in Fee will be \$		6. Name and Address of Current F	legistered Agent			7.	Name and Ac	Idress of New Re				1
Steel Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its "egistered office or registered agent, or both, in the State of Florida.  SIGNATURE  Topulus, typed or present name of registered agent and the Equipositie (NO) Risp breed Agent is name required when reliabling District in the State of Florida.  SIGNATURE  Topulus, typed or present name of registered agent and the Equipositie (NO) Risp breed Agent is name required when reliabling District in the State of Florida.  SIGNATURE  This corporation is eligible to satisfy its Intrangible Tax king or quienement and elected to do so.  (See criteria on back)  After MAY 1, 20 if Fee will be \$550.00 Anter MAY 1, 20	DAN	A. ALFRED										
B. 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.  SGNATURE  9. This corporation is eligible to satisfy its Intangibre Tax Killing requirement and effects to do so.   After MAY 1, 20 in Fee will be \$550.00   After MAY 1,	2482	NEPTURE CT.		}	Street Ad	dress (P.O.	Box Number is	Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its egistered officer or registered agent, or both, in the State of Florida.  SIGNATURE    Total				-	City		,		FI	Zip Cod	e	-
9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. After MAY 1, 20 free will be \$550.00 Make Check Payar for Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 I  MAKE  BABB, ANDREW W SR.  STREET ADDRESS  CITY-ST-2P  11. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 I  MAKE  BABB, ANDREW W SR.  STREET ADDRESS  CITY-ST-2P  TITLE  DP  DANA, ALFRED  DANA, ALFRED  DANA, ALFRED  DANA, ALFRED  COCOA FL 32926-5311  TILE  MAKE  STREET ADDRESS  CITY-ST-2P  TILE  MAKE  STREET ADDRESS	8. The above	e named entity submits this statement for	the purpose of changing its	egistere	d office or r	egistered a	gent, or both, i	n the State of Flor		<u> </u>		1
9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. After MAY 1, 20 free will be \$550.00 Make Check Payar for Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 I  MAKE  BABB, ANDREW W SR.  STREET ADDRESS  CITY-ST-2P  11. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 I  MAKE  BABB, ANDREW W SR.  STREET ADDRESS  CITY-ST-2P  TITLE  DP  DANA, ALFRED  DANA, ALFRED  DANA, ALFRED  DANA, ALFRED  COCOA FL 32926-5311  TILE  MAKE  STREET ADDRESS  CITY-ST-2P  TILE  MAKE  STREET ADDRESS		<u> </u>										Ì
Tax filing riquirement and elects to do so.   After MAY 1, 20 in few will be \$550.00	SIGNATURE		d title if applicable. (NOT!	Reg stered	Agent signature	required when	reinstating)		DATE		<del></del>	
TITLE   DT   BABB, ANDREW W SR.   Delete   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   AME   STREET ADDRESS   CITY-ST-ZIP   CTANGE   AME   A	Tax filing	requirement and elects to do so.	After MAY 1, 20	1 Fee	vill be \$55	0.00						
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	CITY-ST-ZIP	certify that the information supplied with the	is filing does not qualify for			l in Section	119.07(3)(i) F	orida Statutes I fi	urther certify	that the in	formation	

indicated on this report or supplemental report is true and accurate and that m / 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER C 3 DIRECTOR

Dayline Phone #