2000 UNIFORM BUSINESS REPORT (UBR) Apr 05, 2000 8:00 am Secretary of State DOCUMENT # P9800054898 NOVATECH CONSULTING INCORPORATED 04-05-2000 90066 047 ***150.00 Mailing Address Principal Place of Business 190 PINELLAS LANE #209 190 PINELLAS LANE #209 COCOA BEACH FL 32931 COCOA BEACH FL 32931-5069 3. Mailing Address PO Box 540008 2. Principal Place of Business 570 HIDDEN CREEK DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3518181 MERRITT ISLAND, FL MERRITT ISLAND, FL Not Applicable Country BREVARD \$8.75 Additional 5. Certificate of Status Desired 32954-0008 Fee Required BREVARD 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Addition □ Delete TITLE DICKMAN, FRANCES R NAME NAME 570 HIDDEN CREEK DRIVE 190 PINELLAS LANE #209 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-7IP MERRITT ISLAND FL 32952 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NEWBERGER, DEAN A NAME NAME 570 HIDDEN CREEK DRIVE 190 PINELLAS LANE #209 STREET ADDRESS STREET ADDRESS 3295A COCOA BEACH FL 32931 MERRITT ISLAND, FL CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

Delete

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

03/21/00

321-432-4554

Daytime Phone #

☐ Change

☐ Addition

CR2E034 (9/99