FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 01, 2002 8:00 am Secretary of State DOCUMENT # P98000054898 1. Entity Name NOVATECH CORPORATION 05-01-2002 91494 041 ***150 00 Principal Place of Business Mailing Address 570 HIDDEN CREEK DRIVE P.O. BOX 540008 MERRITT ISLAND FL 32952 MERRITT ISLAND FL 34954 2. Principal Place of Business 3. Mailing Address 570 HIBDEN CREEK DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MERRITT 59-3518181 15UANA Not Applicable Zip Country Zip Country \$8.75 Additional 32952 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent Name FRANCES NEWBERGER ANDERSON, J. PATRICK ESQ. FRESE, NASH & HANSEN, PA 930 S HARBOR CITY BLVD., STE 505 MELBOURNE FL 32901 CityTITUSVILLE 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME NEWBERGER, FRANCES R NAME STREET ADDRESS **570 HIDDEN CREEK DRIVE** STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NEWBERGER, DEAN A NAME STREET ADDRESS **570 HIDDEN CREEK DRIVE** STREET ADDRESS CITY-ST-ZIP **MERRITT ISLAND FL 32952** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ★ Addition NAME KURT S. CLARK 1415 FIBBLER AVE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>NERRITT</u> ISUAND 32952 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby 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 11 or Block 12 if

CITY-ST-ZIP

SIGNATURE WELL RANCES NEWBERGER

CR2E034 (9/01