2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 11, 2001 08:00 AM P98000055059 DOCUMENT# 1. Entity Name **Secretary of State** D & S TECHNOLOGIES, INC. Principal Place of Business Mailing Address 16 CARRIAGE LANE 16 CARRIAGE LANE PONTE VEDRA BEACH FL PONTE VEDRA BEACH FL 32082 32082 2. Principal Place of Business 3. Mailing Address 165 WOODLANDS CREEK DR 165 WOODLANDS CREEK DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For PONTE VEDRA BEACH FL PONTE VEDRA BEACH 59-3518560 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMERILAWYER 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL33134 US 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. SIGNATURE 01/11/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VTD TITLE ☐ Delete TITLE X Change ☐ Addition MAME DODAK DEBRIE. NAME DODAK DEBBIE STREET ADDRESS 16 CARRIAGE LANE STREET ADDRESS 165 WOODLANDS CREEK DR CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP PONTE VEDRA BEACH 32082 **PSD** ☐ Delete TITLE X Change NAME COLABRESE SHELIA NAME COLABRESE SHELIA STREET ADDRESS 16 CARRIAGE LANE STREET ADDRESS 165 WOODLANDS CREEK DR CITY-ST-ZIP PONTE VEDRA BEACH FL. 32082 CITY-ST-ZIP PONTE VEDRA BEACH FL32082 ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change Addition 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 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

CR2E034 (11/00)

SIGNATURE: DEBBIE L. DODAK MRS 01/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #