## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE

## FILED Feb 02, 2001 8:00 am Secretary of State DOCUMENT # P98000059896 DIGHLOG TECHNOLOGIES, INC. 02-02-2001 90263 011 \*\*\*150.00 Principal Place of Business Mailing Address 1314 ARROWHEAD CT P.O. BOX 511021 AUBURNDALE FL 33823 PUNTA GORDA FL 33951 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number 52-2115537 Applied For 30E A U Not Applicable \$8.75 Additional 5. Certificate of Status Desired NANATEEMANATEE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADXIUS ADKINS, JAMES E II Street Address (P.O. Box Number is Not Acceptable) 1314 ARROWHEAD CT SAM NOO TEST **PUNTA GORDA FL 33950** 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Addition ADKINS, JAMES E II JAMES E. ADXIUS IL 4208 BAMBOO TEARACE NAME NAME POST OFFICE BOX 653 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CATLETTSBURG KY 41129 CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition WINTERS, KENNETH W NAME NAME **POST OFFICE BOX 728** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAYNARDVILLE TN 37807 CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.