2001 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2001 8:00 am DOCUMENT # P98000085545 Secretary of State SHORTGRASS TECHNOLOGIES, INC. 04-16-2001 90022 036 ***150.00 Principal Place of Business Mailing Address 121 NORTH OSCEOLA AVE 121 NORTH OSCEOLA AVE STE. 312 STE. 312 CLEARWATER FL 33755 CLEARWATER FL 33755 UŚ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FÉI Number 37-1381353 Not Applicable Zίο Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent DAVIS, THOMAS A (P.O. Box Number is Not Acceptable) V. OSCEOLA 121 NORTH OSCEOLA AVE STE. 312 **CLEARWATER FL 33755** statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity 1220LATO SIGNATUR 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. DIRECTOR Change 🕽 Delete TITLE TITLE BERRY MATTHEW. 150 & TE. 205 BERRY, MATTHEW G NAME NAME 150 E PLEASANT HILL RD, STE. 205 STREET ADDRESS STREET ADDRESS ARRONDALP, IL 62901 CITY-ST-7IP CITY-ST-ZIP CARBONDALE FL 62901 DIRECTOR HOMAS A KChange [DAVIS, THOMAS A DE STR. 312 CEO Change Addition TITLE Delete TITLE DAVIS, THOMAS A NAME NAME 121 NORTH OSCEOLA AVE, STE. 312 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33755 CITY-ST-ZIP CLEARWATER FL 33755 PRESIDENT TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND APPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/13/01 Date

727-466-9734