2001 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P98000092852 1. Entity Name VEKTEK, INC. 04-16-2001 90278 039 ***150.00 Mailing Address Principal Place of Business 144 HOLDERNESS DRIVE 144 HOLDERNESS DRIVE LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address 308 RAJebaugh Drive DRIVE 308 Radebaugh Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3555592 booneno Not Applicable Boon 240. Sem in ale · • - -\$8.75 Additional 5. Certificate of Status Desired Fee Required 32779 Seminole 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Vekasy Stephen VEKASY, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 144 HOLDERNESS DRIVE LONGWOOD FL 32779 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 Stephen Vekasy D 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, 2001 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. Change ☐ Addition ☐ Delete TITLE TITLE Vetary Stephen Drive VEKASY, STEPHEN NAME NAME STREET ADDRESS 144 HOLDERNESS DRIVE STREET ADDRESS LONGWOOD, FL 32779 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY_ST-ZIP. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition Delete TITLE NAME 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR