2000 UNIFORM BUSINESS REPORT (UBR) Apr 22, 2000 8:00 am Secretary of State DOCUMENT # P98000092951 1. Entity Name BELTECH SYSTEMS INCORPORATED 04-22-2000 90075 026 ***150.00 Mailing Address Principal Place of Business 13000 98TH AVENUE NORTH 13000 98TH AVENUE NORTH SEMINOLE FL 33776-1713 SEMINOLE FL 33776 2. Principal Place of Business 3. Mailing Address ATH AVE N 3000 DO NOT WRITE IN THIS SPACE uite. Apt. #. etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3540713 Not Applicable NOLC \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARKER, DONALD R Street Address (P.O. Box Number is Not Acceptable) 13000 98TH AVENUE NORTH SEMINOLE FL 33776 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered age 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, 2000 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITLE TITLE PARKER, DONALD R NAME NAME STREET ADDRESS STREET ADDRESS 13000 98TH AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33776 ☐ Change ☐ Addition ☐ Delete TITLE 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-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE

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 eceiver or trustee empowered to execute this teport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attantment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

R. PARKER

727-397-180

☐ Addition

Change