2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000097661 Apr 11, 2000 8:00 am Secretary of State 1 NATION TECHNOLOGY SOUTHWEST CORPORATION 04-11-2000 90222 044 ***150.00 Principal Place of Business Mailing Address 12704 DUPONT CIRCLE P.O. BOX 11218 OLDSMAR FL 34677 TAMPA FL 33626 2. Principal Place of Business 3. Mailing Address /AMPA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 3000 oite Applied For City & State City & State 4. FEI Number 59-3544675 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KEY, DAVID B O. Box Number is Not Acceptable) 12704 DUPONT CIRCLE AMDA TAMPA FL 33626 3000 Olds Mar 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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. TITLE Delete TITLE MCKAY, RICHARD NAME NAME 4017 TAMPA RA Suite 3000 Olds Mar Fl 34677 STREET ADDRESS STREET ADDRESS 12704 DUPONT CIRCLE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33626 ☐ Addition Delete ☐ Change TITLE **GUTIERREZ, ROBERT** NAME NAME STREET ADDRESS STREET ADDRESS 12704 DUPONT CIRCLE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL-33626 ----☐ Addition TITLE ☐ Delete TITLE KEY, DAVID B NAME NAME 4027 Tampo Rd Soite 3000 Oldsmar Fl 34677 STREET ADDRESS STREET ADDRESS 12704 DUPONT CIRCLE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33626 Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition 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 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.

ME OF SIGNING OFFICER OR DIRECTOR