2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 21, 2000 8:00 am DOCUMENT # **P98000099071** 1. Entity Name Secretary of State II BITS, INC. 01-21-2000 90079 031 ***150.00 Mailing Address Principal Place of Business 2625 SUGARLOAF LANE 1810 NE 25TH ST LIGHTHOUSE POINT FL 33064 FT LAUDERDALE FL 33312-4635 JUJUAU 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0877769 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. --6. Name and Address of Current Registered Agent Name TRICK, WILLIAM W JR Street Address (P.O. Box Number is Not Acceptable) 1216 E ATLANTIC BLVD, SUITE 7 POMPANO BEACH FL 33060 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Addition ☐ Change Delete TITLE TITLE NAME NAGORSKI, ANDREW G NAME STREET ADDRESS STREET ADDRESS 2855 SUGARLOAF LANE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 V/S/D Addition Delete TITLE ☐ Change TITLE NAGORSKI, JANET NAME NAME STREET ADDRESS STREET ADDRESS 2625 SUGARLOAF LANE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ 'Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change noitibbA 🔲 ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-ZIP

13. I hereby certify that the information supplied with this filing does not opally 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 of

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNISH