FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED FLORIDA DEPARTMENT OF STATE PROFIT May 10, 1999 8:00 am **Katherine Harris** CORPORATION Secretary of State ANNUAL REPORT **Secretary of State** DIVISION OF CORPORATIONS 1999 05-10-1999 90265 041 ***150.00 DOCUMENT # P986061081801 Corporation Name 539073 - 9UZDO Services Inc. 2430 Sleepy Lane DO NOT WRITE IN THIS SPACE Tallahassee, Florida 3. Date Incorporated or Qualifed December Applied For 4. FEI Number 2a. Mailing Address Not Applicable 2. Principal Place of Business \$8.75 Additional 26 21 2430 Sleepy Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Same \$5.00 May Be 6. Election Campaign Financing 22 City & State Added to Fees City & State Trust Fund Contribution 8. This corporation owes the current year intangible Tallahassee Country □No Yes Personal Property Tax. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 Street Address (P.O. Box Number is Not Acceptable) Dana Frye 82 2430 sleepy Lave Tallahassee Florida 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Signature, typed or printed name of registered agent and title if applicat Addition 13. Change OFFICERS AND DIRECTORS 12. 1.1 TITLE DELETE PRESIDENT/director TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS allahassee Florida 32310 Addition 1.4 CITY-ST-ZIP Change TREASURER / SECRETARY DELETE
Dana Fay e
2430 Sleep lane
Tallahassee Florida 32310 CITY-ST-ZIP 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS Addition STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS Addition 3.4. CITY-ST-ZIP ☐ Change CITY-ST-ZIP DELETE 4.1 TITLE Tm 6 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS ☐ Addition 44 CITY-ST-ZIP Change CITY-ST-ZIP 51 TITLE T DELETE TITLE 5.2 NAME 5.3 STREET ADDRESS NAME 5.4 CITY-ST-2IP STREET ADDRESS Addition Change 61 TITLE CITY-ST-ZIP □ D€LETE TITLE 6.2 NAME 6.3 STREET ADDRESS NAME

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on the same legal effect as if made under oath; that I am an indicated on the same legal effect as if m STREET ADDRESS CITY-ST-ZIP

CR2E034