2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **P99000004263** 1. Entity Name GATOR-CAD, INC. 04-27-2000 90119 013 ***158.75 Principal Place of Business Mailing Address 6894 DEARBORN PLACE 6894 DEARBORN PLACE BOYNTON BEACH FL 33437-3612 **BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address 8389 ELAINE DRIVE 8389 ELAINE DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number BOYNTON BEACH- -FL BOYNTON BRACH, .**65-**0897289 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 33**4**37 Fee Required 33437 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent G. CONNARY HARRIS, JUDITH D Street Address (P.O. Box Number is Not Acceptable) 6894 DEARBORN PLACE **BOYNTON BEACH FL 33437** 8389 ELAINE DRIVE BOYNTON BEACH 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. 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, 2000 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 Pavable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Change ☐ Addition TITLE TITLE ☐ Delete CONNARY, GREGG M NAME NAME 8389 ELAINE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP DIRECTOR Change Addition ☐ Delete TITLE CONNARY, KAREN G. NAME NAME 8389 ELAINE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH; FL 33437 ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 111 F ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

13. Thereby 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 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.

NAME STREET ADDRESS

TITLE

NAME

Defete

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIE

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

SREGG M. CONNARY 24 Feb. 2600

☐ Change

■ Addition

CR2F034 /9/99