2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # P99000007165 Mar 03, 2000 8:00 am **Secretary of State** KMA TECHNOLOGIES, INC. 03-03-2000 90252 027 ***150.00 Mailing Address Principal Place of Business 2708 E HANNA AVENUE 2708 E HANNA AVENUE TAMPA FL 33610-1434 **TAMPA FL 33610** 3. Mailing Address 2. Principal Place of Business 35.0 AVE 5284 5284 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State ST. PET ERS BURG Applied For 4. FEI Number City & State ST. PETERSBURG Not Applicable 33<u>710</u> \$8.75 Additional 5. Certificate of Status Desired 3710 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNES, ROBERT L JR Street Address (P.O. Box Number is Not Acceptable) 2655 MCCORMICK DRIVE **CLEARWATER FL 33759** 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 DATE (NOTE: Registered Agent signature required when reinstating) 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 Addition D TITLE ☐ Delete TITLE SWARTZ 35 MAVE N SWARTZ, TIM NAME TIM NAME 2708 E HANNA AVENUE 5284 35 W AVE N 5289 STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33810 ST. PETERSBURG FL 38710 ST. PETERSBURG FL **□** change ☐ Addition TITLE TITLE FREEDMAN FREEDMAN, JOEL NAME TOEC NAME 2708 E HANNA AVENUE 1735 34 M AVE N 34N AVE N STREET ADDRESS STREET ADDRESS 1735 CITY-ST-ZIP CITY-ST-ZIP PETERS BURG, FL 33713 ST. PETERSBURG ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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

2/23/00