| DOCUMEN  1. Entity Name  | IFORM BUSI T# P99000 NOLOGY GROUP, INC.   |  | AI (UE   | ·                                  | Mar 13   | FILED<br>, 2001 (<br>etary of     | 08:00       |  | : .                      |
|--|---|--|--|------------------------------------|--|-----------------------------------|-------------|--|--------------------------|
| Principal Place of Bus<br>6440 FOSTER STREET<br>JUPITER        | iness   | Mailing Address 6671 W INDIANTOWN RD STE 56-225 JUPITER                    | FL   |                                    |  |                                   |             |  |                          |
| 2. Principal Place of E  | Business  | 334583984  3. Mailing Address  | us   |                                    |  |                                   |             |  | -                        |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |                                    |  | OO NOT WRITE                      | IN THIS SPA | ACE                                    | –                        |
| City & State JUPITER FL  |   | City & State   |  |                                    | . FEI Number 65-0903140                        |                                   |             | —————————————————————————————————————— | pplied For ot Applicable |
| Zip<br>33458   | Country ame and Address of Current I  | Zip  | Country  |                                    | . Certificate of Stat                          |                                   | Fe          | 8.75 Ad<br>e Require                   | lditional<br>ed          |
| 6440 FOSTER STRE   | NNETH W<br>ÆT   | L  |  | EY KEI                             | NNETH W<br>. Box Number is No                  |                                   |             |  |                          |
| 33418  |   |  | City<br>JUPIT                                  | ER                                 |  | -                                 | FL          | Zip Coo<br>33458                       | de                       |
| 9. This corporation is Tax filing requirem (See criteria on ba | NNETH W SEELE typed or printed name of registered agent a eligible to satisfy its Intangible ent and elects to do so. ck)  OFFICERS AND                       | nd tite if applicable. (NOTE  FILE NOW!  After MAY 1, 20  Make Check Payab | 01 Fee will be :<br>le to Departme             | 0.00<br>5550.00<br>nt of State     | 10. Election (                                 | Campaign Finan<br>d Contribution. |             | <b>\$5.0</b><br>Adde                   | 00 May Be<br>d to Fees   |
| TITLE D  | OFFICERS AND  | DIHECTORS  Delete  | 12.  | <del></del>                        | ADDITIONS/CHAN                                 | GES TO OFFICI                     |             |  |                          |
| NAME LOPA  | TOSKY ALAN M<br>FOSTER STREET<br>TER  | FL 33418   | NAME STREET ADDRESS CITY-ST-ZIP                | <b>i</b>                           |  |                                   |             | _ Change                               | ☐ Addition               |
| TITLE D  NAME SEEL  STREET ADDRESS 6440 1  CITY-ST-ZIP JUPIT   | FOSTER STREET   | Delete .   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | D<br>SEELEY<br>6440 FOS<br>JUPITER | KENNETH<br>TER STREET                          | w                                 |             | Change                                 | Addition                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                          |   | ☐ Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 3                                  |  |                                   | Ē           | Change                                 | ☐ Addition               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                          |   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | 3                                  |  |                                   |             | ] Change                               | ☐ Addition               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                          |   | ☐ Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | s                                  |  |                                   | E           | ] Change                               | Addition                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                          |   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                    |  |                                   |             | Change                                 | Addition                 |
| of the corporation   | at the information supplied with<br>eport or supplemental report is<br>or the receiver or trustee empo<br>a attachment with an address, w<br>Kenneth W Seeley | True and accurate and that m   | iu einnatura ehall                             | have the com                       | ne legal effect as if i<br>orida Statutes; and | madadar.asi                       | محما فمطفيط |  | e ar director            |

Daytime Phone #

Date