FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90738 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008866

1. Entity Name
TEKDRIVE, INC.

90122949

Principal Place of Business	Mailing Address
9009 WESTERN LAKE DR SUITE 1210 JACKSONVILLE, FL 32256	9009 WESTERN LAKE DR SUITE 1210 JACKSONVILLE, FL 32256

2. Principal Place of Business	3. Mailing Address
10151 DEERWOOD PARK BLVD →	← SAME AS
Suite, Apt. #, etc.: BLDG 200, STE 250 →	Suite, Apt. #, etc.: ← SAME AS
City & State: JACKSONVILLE, FL →	City & State: ← SAME
Zip: 32256 · Country: DUVAL →	Zip: ← SAME · Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3554768 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRESKI, JOHN M 9009 WESTERN LAKE DR SUITE 1210 JACKSONVILLE, FL 32256 →	Name: JOHN PRESKI C/O TEKDRIVE Street Address (P.O. Box Number is Not Acceptable): 10151 DEERWOOD PARK BLVD BLDG 200, SUITE 250 City: JACKSONVILLE FL Zip Code: 32256

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/30/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESKI, JOHN M 9009 WESTERN LAKE DR. #1210 JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/03 904-631-5602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #