2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900011995 Jan 17, 2000 08:00 AM **Secretary of State** DIMENSIONAL DATA SYSTEMS, INC. Principal Place of Business Mailing Address 3105 PARKLAND BLVD. 3105 PARKLAND BLVD. TAMPA FL TAMPA FL 33609 33609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3564987 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALEM MIII,ESQ 4600 W. KENNEDY BLVD. Street Address (P.O. Box Number is Not Acceptable) TAMPA 33609 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. 01/17/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TILE DVT ☐ Detete ☐ Change X Addition NAME CAUTHEN KEITH STREET ADDRESS STREET ADDRESS 1011 ELDORADO AVE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER 33767 TITLE ☐ Delete DPST TITLE X Change ☐ Addition NAME NAME MILLER MARC 33/ MILER MARC W STREET ADDRESS 3105 PARKLAND BLVD. STREET ACCRESS 3105 PARKLAND BLVD. CITY-ST-ZIF TAMPA FL. 33609 CITY-ST-7IP TAMPA FT. 33609 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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

IONATUDE. Mare W Miller