2001 UNIFORM BUSINESS REPORT (UBR)

ith an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 04, 2001 8:00 am Secretary of State DOCUMENT # P99000018149 1. Entity Name FORTRESS GLOBAL TECHNOLOGIES, INC. 05-04-2001 90046 048 ***150.00 Principal Place of Business Mailing Address 8895 N MILITARY TRAIL 8895 N MILITARY TRAIL SUITE 100-C SUITE 100-C PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0909959 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCOTT, ALAN F JR Street Address (P.O. Box Number is Not Acceptable) 411 NORTHLAKE CT APT B NORTH PALM BEACH FL 33408 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE TITLE HERNANDEZ, ROBERT NAME NAME Trail Ste 100-C 411 NORTHLAKE CT. APT B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ~Dans FL 33410 CITY-ST-7IP NORTH PALM BEACH FL 33408 Delete TITLE TITLE George W. Kennedy NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NY 11791 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby 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