2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 08:00 AM P99000018152 DOCUMENT# 1. Entity Name **Secretary of State** ADVANTECH COMPUTERS & NETWORKS, INC. Principal Place of Business Mailing Address 5996 OVERSEAS HIGHWAY 5996 OVERSEAS HIGHWAY MARATHON FL MARATHON FL33050 33050 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 65-0895683 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARBOT KRISTIN HERBST-MUELLER KRISTIN 5996 OVERSEAS HWY Street Address (P.O. Box Number is Not Acceptable) 211 SCHOONER LANE MARATHON FL33050 City Zip Code MARATHON 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. KRISTIN A. HERBST-MUELLER 04/27/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VΡ TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition X Change MAME ESTAVA JOSE. NAME PETTIT LISA 5996 OVERSEAS HWY STREET ADDRESS STREET ADDRESS 5996 OVERSEAS HIGHWAY MARATHON CITY-ST-ZIP FL 33050 CITY-ST-ZIP MARATHON 33050 ☐ Delete PD TITLE X Change NAME HERBST KRISTIN NAME HERBST-MUELLER KRISTIN STREET ADDRESS 5996 OVERSEAS HIGHWAY STREET ADDRESS 211 SCHOONER LANE CITY-ST-ZIP MARATHON \mathbf{FL} 33050 CITY-ST-ZIP MARATHON FL33050 ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition 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 Delete TITLE ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

04/27/2001

Date

Daytime Phone #

SIGNATURE: _LISA.Y. PETTIT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR