FILED

2002 Uniform Business Report (UBR)

SIGNATURE: Douglass E. Hock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # P99000034452 1. Entity Name -11-2002 90078 024 ***150 00 I.D.E.A.L. TECHNOLOGY CORPORATION Principal Place of Business Mailing Address 1109 EAST CONCORD STREET 1109 EAST CONCORD STREET ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 18151 Science Drive 3. Mailing Address 18151 Science Drive Suite, Apt. #, etc. Suite 108 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite 102 City & State City & State 4. FEI Number Applied For 59-3569528 FLORIDA Orlando, Lorida Orlando Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32806 *32*824 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Douglass E-Hock HOCK, DOUGLASS E Street Address (BO. Box Number is Not Acceptable) 1109 E. CONCORD STREET ORLANDO FL 32803 te 100 Zip Code *38*826 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 DORCIOSS E. HOCK FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. address of Change (9/01) ☐ Addition TITLE TITLE Delete HOCK, DOUGLASS E NAME NAME 12151 Science Drive, Ste 102 1109 EAST CONCORD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-ZIP address Change ☐ Delete TITLE ☐ Addition JACOBS, JORDAN S NAME NAME 12151 Science Drive, Ste 103 STREET ADDRESS STREET ADDRESS 1109 EAST CONCORD STREET CITY-ST-ZIP Orlando, FL 32826 CITY-ST-ZIP ORLANDO FL 32803 TiTtE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME -AWTNEY; ANTHONY STREET ADDRESS STREET ADDRESS **680 BENTON DRIVE** CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME 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