2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P99000040165 1. Entity Name BOSON SOFTWARE, INC. 03-15-2000 90094 006 ***158.75 Mailing Address Principal Place of Business 136 B DOUGLAS ROAD 136 B DOUGLAS ROAD OLDSMAR FL 34677 OLDSMAR FL 34677-2807 69097393 2. Principal Place of Business, 13/06 ROY4/GROME DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Oly Swartz FINANCIAL FOUNDATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 3150 SANDY RIDGE DRIVE **CLEARWATER FL 33761** 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 (NOTE: Registered Agent signature required when reinstating) ared agent and title if applicable. Signature, typ 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 7171 F ☐ Delete Change ☐ Addition swartz, John 13106 ROYal George Ave SWARTZ, JOHN NAME STREET ADDRESS 136 B DOUGLAS ROAD STREET ADDRESS Odessa, FL 33556-5721 CITY-ST-ZIP CITY-ST-7IE OLDSMAR FL 34677 Rajala, David Rajala, David Pkwy Apt.2044
540 Carillon Pkwy Apt.2044
54. Petersburg, FL 33716-1218 TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITL€ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 anadress, with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PI