FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 20, 2001 8:00 am DOCUMENT # P99000040165 **Secretary of State** 1. Entity Name BOSON SOFTWARE, INC. 03-20-2001 90008 047 ***158.75 Principal Place of Business Mailing Address 13106 ROYAL GEORGE AVE PO BOX 15955 40034454 CLEARWATER FL 33766-5955 ODESSA FL 33556 2. Principal Place of Business 12655 Race Track Rd DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3573133 Not Applicable Country . 🔑 \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SWARTZ, JOHN Street Address (P.O. Box Number is Not Acceptable) 13106 ROYAL GEORGE AVE ODESSA FL 33556 Track 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. John Snartz SIGNATURE required when reinstating 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 (See sriteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SWARTZ, JOHN NAME STREET ADDRESS STREET ADDRESS 13106 ROYAL GEORGE AVE CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556-5721 TITLE ☐ Delete TIT) F David Rejala 15910 Royal George Ave NAME RAJALA, DAVID NAME STREET ADDRESS STREET ADDRESS 540 CARILLON PKWY APT 2044 Odessa, FL 33556 CITY-ST-ZIP CITY-ST-ZIE SAINT PETERSBURG FL 33716-1218 ☐ Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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.

David Rajab (BO 3/13/01 813-925-0700