2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am Secretary of State DOCUMENT # P99000044540 1. Entity Name 04-30-2002 90054 039 ***150 JPB-TECHNICAL COMPUTING CONSULTANT, INC. Mailing Address Principal Place of Business 7501 N.W. 4TH STREET 7501 N.W. 4TH STREET #112 #112 PLANTATION FL 33317 PLANTATION FL 33317 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0924669 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7, Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPINELLA. AURORA R Street Address (P.O. Box Number is Not Acceptable) 7501 N.W. 4TH STREET Zip Code PLANTATION FL 33317 City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME BATCHA, JOSEPH P JR. STREET ADDRESS STREET ADDRESS 7501 N.W. 4TH STREET CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 Change ☐ Addition TITLE ☐ Delete TITLE NAME SPINELLA, AURORA R NAME STREET ADDRESS STREET ADDRESS 7501 N.W. 4TH STREET CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Addition ☐ Change Delete TITLE" TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-7IP

pinella April12,2002 Daytime Phone #

FILED