## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## DOCUMENT # **P99000047285** Sep 13, 2000 8:00 am Secretary of State DIGISAT, INC. 09-13-2000 90022 047 \*\*\*550.00 Principal Place of Business Mailing Address 304 S HARBOR CITY BLVD 304 S HARBOR CITY BLVD MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address 5537 CORDGRASS LANE 5537 CORD GRASS LANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1ELBOURAGE VELBOURD E City & State 4. FEI Number Applied For City & State 59-35 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired USA 32951 Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent F. BOWALD LEHRMANL DETTMER, DALE A Street Address (P.O. Box Number is Not Acceptable) 304 S HARBOR CITY BLVD MELBOURNE FL 32901 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 9, This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 ax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. F. DONALD LEHRMANN Change Addition CR2E034 (5/00) ☐ Delete TITLE TITLE DETTMER, DALE A NAME 5537 CORD GRASS LANE STREET ADDRESS STREET ADDRESS 304 S HARBOR CITY BLVD MELBOUR NE BEACH FL 32951 CITY-ST-ZIP CITY-ST-7IP **MELBOURNE FL 32901** ☐ Delete TITE F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change - Addition TITLE = - Delete TITLE --- 🖘 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS 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

Sept 10, 2000