2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P9900065769** P L C-TECH CORP. 4-27-2001 90339 017 ***150.00 Mailing Address Principal Place of Business 5506 PINE CIRCLE NORTHEAST 5506 PINE CIRCLE NORTHEAST SAINT PETERSBURG FL 33703 SAINT PETERSBURG FL 33703 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Apoliea For City & State City & State 4. FE1 Number 59-3588915 Not Applicable Country \$8.75 Additional Z:p Country 5. Certificate of Status Desiron Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zio Code City 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, typed or printed name of registered agent and title if applicable (NOTC: Registered Agont signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAN 1, 2001 Fee will be \$550.00 Tax 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. Addition ER Change TITLE **PSTD** ☐ Delete THUE NAME NAME PALAZZO, JOSEPH T STREET ADDRESS STREET ADDRESS 5506 PINE CIRCLE NORTHEAST 0117 - \$1 - 712 CITY-ST-ZIP SAINT PETERSBURG FL 33703 Change Addition ☐ Delete TITLE T!T! E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZE ☐ Ceande Acdition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C'1Y-ST-7!P CITY - ST - ZIP []] Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SC-ZIP Change [] Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 office; or disector 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-S*-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATUPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINTED OR

Date Cayture Prene fr

CR2E034 (10/00)