2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # **P99000068070** PROACTIVECT TECHNOLOGIES INC. 03-22-2000 90023 046 ***150.00 Principal Place of Business Mailing Address 16807 US HWY 19 NORTH - SUITE A 16807 US HWY 19 NORTH - SUITE A CLEARWATER FL 33764 CLEARWATER FL 33764-6753 2. Principal Place of Business 3. Mailing Address 3438 EASTLAKE RD 3438 EAST LAKE DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired NELLAS Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent GIORGIONE, DAVID Street Address (P.O. Box Number is Not Acceptable) 16807 US HWY 19 NORTH - SUITE A **CLEARWATER FL 33764** Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 do so After MAY 1, 2000 Fee will be \$550.00 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. P/T/S/D/C/M Addition TITLE ☐ Delete TITLE NAME RICHARD THURGOOD NAME 4133 MALLARD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SAFETYHARBOR Change Addition ☐ Delete TITLE TITLE KAREN THURGOOD NAME NAME 4133 MALLAKDDR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP SIFETY HARBOR, FL 34695 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME __ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 of 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.

SIGNATURE: