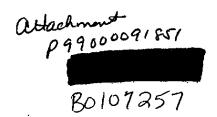
2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 20, 2000 8:00 am Secretary of State DOCUMENT # P9900091851 1. Entity Name TYPE 1 SOLUTIONS, INC. 09-20-2000 90003 027 ***158.75 Principal Place of Business Mailing Address CHAIBE 4321 SWIFT CIRCLE 4321 SWIFT CIRCLE VALRICO FL 30594 VALRICO FL 33594 prace DO NOT WRITE IN THIS SPACE Applied For City & State Not Applicable 8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 8. The above named entity submits this statement for the purpose of changing its registered office of in the State of Florida SIGNATURE ATA 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DEFECTOR TITLE ☐ Delete ☐ Addition KOBS, ANN E NAME ANN E. NAME STREET ADDRESS 8695 COLLEGE PARKWAY #307 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete TITLE ☐ Change ☐ Addition SPATARO-KESSLER, JOSEY NAME NAME STREET ADDRESS 4321 SWIFT CIRCLE STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP TITLE mne I Delete E. RICHARD KESSLER NAME NAME STREET ADDRESS 4321 SWIFT CIRCLE STREET ADDRESS CITY-ST-7/P VALRICO FL 33594 CITY-ST-ZIP TITLE Deleta Change - Addition सार NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS 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(3Xi). 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 by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with at pit SIGNATURE:



TO: UNIFORM BUSINESS REPORT DIVISION OF CORPORATIONS P.O. BOX 1500

Tallahassee, florida 32302-1500

From: Type 1 Solutions Inc. % Ann E. Kobs - President & CEO

166 S.E. 18th. Terrace Suite A Cape Coral, Florida 33990

Date: August 25th. 2000.

re: Filing of Uniform Business Report and Date First Received.

Document # P99000091851 - Type 1 Solutions Inc.

Dear Sirs:

Please accept the filing of our Uniform Business Report on this date, and not prior to May 1st. 2000, as we did not receive this form before then. We received this form in what must have been your second mailing sometime in May or later, because that was the first date we had received it in our mailbox.

Please note the change of address for the Principal Place of Business in Section 1. Also the change of the Name and Address of the New Registered Agent in Section 7 and 8. In Section 11 and 12 there is a change of address for the officer listed first.

We apologize for any inconvenience this brings to your office, and hope that the 2001 mailing of the UBR will reach us on schedule.

Anh E Kohe

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FEI Number: 650954394

President and CEO Type 1 Solutions, Inc.

166 S.E. 18th Terrace Suite A

Cape-Coral, Florida 33990