2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000095053 May 12, 2000 8:00 am Secretary of State 1. Entity Name IMTECH COMPUTER SERVICE, INC. 04-18-2000 90061 007 \*\*\*150.00 Principal Place of Business Mailing Address 2165 SUNNYDALE BLVD. SUITE O 2165 SUNNYDALE BLVD. SUITE O **CLEARWATER FL 33765-1273 CLEARWATER FL 33765** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE HUUSBOKWANA Suite, Apt. #, etc. 4. FELNumber 59-3 Y Applied For City & State City & State 96214 THAAA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent IM. MYUNG Street Address (P.O. Box Number is Not Acceptable) 2165 SUNNYDALE BLVD, SUITE O CLEARWATER-FL-33765 8. The above ramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE, Registered Agent signature required when reinstating) Signature, lygger or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П 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 11, 12 Change TITLE MYUNG Im TITLE ☐ Delete 3118 GLENBURGE DRIVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP C Celete Addition TIME TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7JP ☐ Addition \_\_\_ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition [] Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ten F Delete 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 or suppliemental 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 adachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dese

Daytime Phone #