2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Feb 12, 2001 8:00 am Secretary of State DÖCUMENT # P99000098887 1. Entity Name OPTICTREK, INC. 02-12-2001 90256 031 ***150.00 Principal Place of Business Mailing Address C/O 10822 OLD MILL ROAD C/O 10822 OLD MILL ROAD SUITE 7 SHITE 7 OMAHA NE 68154 OMAHA NE 68154 2. Principal Place of Business 3. Mailing Address Quita_Ant,#..atc.__ DO NOT WRITE IN THIS SPACE 10540 woolworth ave. 10540 woolworth ave. 4. FEI Number Applied For omaha, nebraska 68124 APPLIED FOR omaha, nebraska 68124 22-3688336 Not Applicable \$8.75 Additional 5. Certificate of Status Desired L/5/A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KTG&S REGISTERED AGENT-CORPORATION Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND ST., 28TH FLOOR MIAMI FL 33131 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition DIRECTOR, CHAIRMAN Delete TITLE ENTREKIN, DAVID NAME ENTREKIN, DAVID NAME STREET ADDRESS 4400 N FEDERAL HWY #35 STREET ADDRESS 10540 WOOLWORTH AVE CITY-ST-ZIP OMAHA, NE 68124 CITY-ST-ZIP **BOCA RATON FL 33431** DIRECTOR, VICE CHAIRMAN Change Ch ☐ Delete TITLE BECKHAM, PATRICK APT. #4+46 4513 SOUTH OCEAN BLUD. BECKHAM, PATRICK NAME NAME STREET ADDRESS 4400 N FEDERAL HWY #35 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** HIGHUND BEACH, FL 33487 : Delete ☐ Change ☐ Addition TITLE TITLE HORN, JACQUES NAME NAME STREET ADDRESS STREET ADDRESS 4400 N FEDERAL HWY #35 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33431** ☐ Change Addition Delete TITLE TITLE TANDY, LOUISE NAME NAME STREET ADDRESS STREET ADDRESS 4400 N FEDERAL HWY #35 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** DIRECTOR, PRESIDENT Addition Change TITLE ☐ Delete TITLE ABBUTT, GEORGE NAME NAME 10540 WOOLWORTH AUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OMAHA, NE 68124 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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