2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P99000102114 Apr 18, 2000 8:00 am Secretary of State 1. Entity Name DIRECTOWERS, INC. 04-18-2000 90259 032 ***150.00 Mailing Address Principal Place of Business 1605 MAIN STREET, STE. 1001 1605 MAIN STREET.STE.1001 SARASOTA FL 34236 SARASOTA FL 34236 3. Mailing Address 2. Principal Place of Business 391 Interstate Blud RIVa 391 Interstate Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Sarasola sarasota 65-0963179 Not Applicable Country Country USA \$8.75 Additional Zip 5. Certificate of Status Desired USA 34240 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SONNIE GOLDSMITH, STANLEY A Street Address (P.O. Box Number is Not Acceptable). 1605 MAIN STREET.STE.1001 SARASOTA FL 34236 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. nd title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPASAT - CEO XX Change ☐ Addition ☐ Delete TITLE TITLE Kamp, Bonnie NAME KAMP, BONNIE NAME 391 Interstate Blvd. STREET ADDRESS STREET ADDRESS 1605 MAIN STREET, STE. 1001 CITY-ST-ZIP Sarasota FL 34240 CITY-ST-ZIP SARASOTA FL 34236 ☐ Addition ☐ Delete TITLE TITLE DVPST ROBERTS, GEOFFREY H NAME NAME Roberts Geoffrey H 391 Interstate Blud. Savasota FL 34240 STREET ADDRESS 1605 MAIN STREET, STE. 1001 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered.