2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000105954 Feb 19, 2001 8:00 am Secretary of State 1. Entity Name VIRTUAL SOFTWORKS, INC. 02-19-2001 90034 025 ***150.00 Principal Place of Business Mailing Address 2180 WEST FIRST STREET #217 2180 WEST FIRST STREET #217 FORT MYERS FL 33901 FORT MYERS FL 33901 NUUNTUNU 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0966975 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required -7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Va lenti CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 2/80 West First Street 1201 HAYS STREET TALLAHASSEE FL 32301-2525 <u> 33901</u> 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. 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, 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. Addition Delete TITLE TITLE YAFCHAK, JERRY NAME NAME STREET ADDRESS 14851 BLACKBIRD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 ☐ Addition M Change Delete TITLE TITLE BRAATZ JUSTIN NAME NAME STREET ADDRESS 14691 DRAWDY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33905 - Addition Troelete THIE THE VALENTI, PAUL NAME NAME STREET ADDRESS 15305 IONA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33908 ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete 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 changed, or on an attachment with an address, with all other like empowered.

NG OFFICER OR DIRECTOR

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