2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 07, 2000 8:00 am Secretary of State DOCUMENT # P99000109068 1. Entity Name TECHNOLOGY TOOLS, INC. 05-17-2000 91071 001 *3,600.00 Principal Place of Business Mailing Address 22154 MARTELLA AVE おる MARTELLA AVE BOCA RATON FL 33433 -- - RATON FL 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 45-0972638 Not Applicable Country \$8.75 Additional Ζĺρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Goldstein ~GOLDSTEIN; PETER ~~ Street Address (P.O. Box Number is Not Acceptable) 22154 MARTELLA AVE **BOCA RATON FL 33433** Ratun 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. 4/27/2000 SIGNATURE (NOTE, Registered Agent signature required when reinstating) ed agent and one it applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaion Financino \$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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CZO TRODENI Addition CR2E034 (9/99) Shelley Goldstein 22154 Markells Acense Delete TITLE Change TITLE GOLDSTEIN, PETER NAME NAME 22154 MARTELLA AVE STREET ADDRESS STREET ADDRESS Buca Ration, FL 33483 CITY-ST-2/P **BOCA RATON FL 33433** CITY-ST-ZIF ☐ Addition Change 1171.E □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-219 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Oelete TILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Change Addition ☐ Delete TITLE TIBE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

Sully Goldville

4/27/2000

(561) 451-9674

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Daytime Phone #