2000 UNIFORM BUSINESS REPORT (UBR)

May 13, 2000 8:00 am Secretary of State DOCUMENT # P9900110472 1. Entity Name K & W Systems, Inc: 05-13-2000 90045 043 ***150.00 Principal Place of Business Mailing Address 1522 Hillview Drive 1522 Hillview Drive Sarasota, Florida 34239 Sarasota, Florida 34239 953608 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc. Applied For City & State 4. FEI Number 65-0971167 City & State Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Kerry Hepp Street Address (P.O. Box Number is Not Acceptable) 1522 Hillview Drive Sarasota, Florida 34239 Zip Code City 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 Signature, typed or printed name of registered agent and 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 ax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. D/P/S/T ☐ Change Addition ☐ Delete TITLE Kerry Hepp NAME NAME 1522 Hillview Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasota, Florida 34239 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

4-27-00 941-365-4600

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

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