2002 Uniform Business Report (UBR)

Apr 10, 2002 8:00 am Secretary of State S23384 DOCUMENT # 1. Entity Name ADVANCED DIGITAL TECHNOLOGIES, INC. 04-10-2002 90025 020 ***158.75 Principal Place of Business Mailing Address 334 EAST LAKE RD. #133 334 EAST LAKE RD. #133 PALM HARBOR FL 34685 PALM HARBOR FL 34685 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3047247 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6:-Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent REINPOLDT, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 1540 HUNTLEIGH COURT OLDSMAR FL 34677 City 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. 4/2/2002 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 Tax filing requirement and elects to do so. After May 1, 2002 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. CR2E034 (9/01) ☐ Delete TITLE ☐ Change ☐ Addition TITLE reinpoldt, Willem H III NAMÉ NAME 1540 HUNTLEIGH COURT STREET ADDRESS STREET ADDRESS OLDSMAR FL 34677 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE REINPOLDT, MICHAEL A NAME NAME 1540 HUNTLEIGH COURT STREET ADDRESS STREET ADDRESS OLDSMAR FL 34677 CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition 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

SIGNATURE:

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered. SICHALIZE PROLITIENCE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WELL A REIMPOLDT

(727) 785-6399