2002 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2002 8:00 am Secretary of State DOCUMENT # S40533 1. Entity Name 04-25-2002 90014 023 ***150.00 ENGINEWITY TECHNOLOGY, INC. Principal Place of Business Mailing Address 6553 46TH STREET N 6553 46TH STREET N ~ידטנה UNIT#909 UNIT#909 PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3093868 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SURATT, TED L. Street Address (P.O. Box Number is Not Acceptable) 6553 46TH STREET N UNIT#909 PINELLAS PARK FL 33781 City Zin Code 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, typed or printed name of registered agent and tritle if applicable. 1. (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, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Defete TITLE ☐ Change ☐ Addition SURATT, TED L. NAME NAME STREET ADDRESS 6553 46TH STREET N, UNIT#909 STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME SURATT, CAROL V STREET ADDRESS STREET ADDRESS 6553 46TH STREET N, UNIT#909 CITY-ST-ZIP CITY-ST-7IP PINELLAS PARK FL 33781 Delete: Change . Addition TITLE JULE-NAME STARGEL, MICHAEL T NAME STREET ADDRESS STREET ADDRESS 6553 46TH STREET UNIT#909 CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME Suratt, ted L II NAME STREET ADDRESS STREET ADDRESS 6553 46TH STREET UNIT#909 CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-7tP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME न्तिए: 4 STREET ADDRESS STREET ADDRESS " 14. 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.

SIGNATURE:

FILED

4/15/02 727-521-6577
Date Daytime Phone #