Apr 23 02 01:03p 9·

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90012 025 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S51249 ✓

1. Entity Name
FEASINOMICS, INC.

DO NOT WRITE IN THIS SPACE

B02932976

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5020 TAMIAMI TRAIL N.	5020 TAMIAMI TRAIL N.
Suite, Apt. #, etc.: SUITE 120	Suite, Apt. #, etc.: SUITE 120
City & State: NAPLES FL.	City & State: NAPLES FL.
Zip: 34103 Country: USA	Zip: 34103 Country: USA

4. FEI Number: 65-0262544 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BOND SCHOENECK & KING

Street Address (P.O. Box Number is Not Acceptable): 1167 THIRD ST. S.

City: NAPLES FL Zip Code: 34102

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TIMMERMAN, MICHAEL, J. / PRESIDENT & CEO / 6556 CHESTNUT CIRCLE / NAPLES, FL. 34109
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

X **SIGNATURE:** _____ 4/24/02 941-649-7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #