2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # \$51805** 1. Entity Name BROUWER SOFTWARE SOLUTIONS, INC. 01-25-2000 90070 049 ***150.00 Principal Place of Business Mailing Address 521 LIGHTHOUSE WAY 521 LIGHTHOUSE WAY SANIBEL FL 33076-1909 SANIBEL FL 33957 906202 2. Principal Place of Business 3. Mailing Address 6340 NW 1204 DR 6340 Niv Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 39-1614376 Not Application \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agen ROUWE BROUWER, SUZETTE R. **521 LIGHTHOUSE WAY** SANIBEL FL 33957 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Сһапде DPT □ Delete TITLE TITLE BROUWER, SUZETTE R. NAME NAME STREET ADDRESS STREET ADDRESS 521 LIGHTHOUSE WAY 33G) 6 CITY-ST-ZIP CITY-ST-ZIP SANIBEL: FL Delete TITLE Addition TITLE DVS NAME Brouwer, Derek J. STREET ADDRESS STREET ADDRESS 521 LIGHTHOUSE WAY CITY-ST-ZIP CITY-ST-ZIP Sanibel Fi Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 17 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: