2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # \$62984** 1. Entity Name CONCEPTS AND SOFTWARE SOLUTIONS, INC. 02-01-2000 90004 027 \*\*\*158.75 Principal Place of Business Mailing Address 9000 SHERIDAN ST 9000 SHERIDAN ST STE 147 STF 147 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33801-5846 2. Principal Place of Business 3. Mailing Address 98 South 1125 US Suite, Apt. #, etc. -Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Ste. 200 City & State 4. FEI Number Applied For 65-0270185 Not ≜..... Country Country \$8.75 Additional 5. Certificate of Status Desired 3801 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOODROW, JOYCE 17903 SW 2 STREET PEMBROKE PINES FL 33029 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. (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do 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 12. 11. Vice President PTD ☐ Delete TITLE TITI F Joseph St. John 1125 US Huy 98 South Soute 200 WOODROW, KRAIG NAME NAME STREET ADDRESS STREET ADDRESS 17903 SW 2 STREET CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL 33029 Change ☐ Addition ☐ Delete TITLE TITLE WOODROW, JOYCE A. NAME NAME STREET ADDRESS STREET ADDRESS 17903 SW 2 STREET CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33029 TITLE ☐ Delete TITI F Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.

ICER OR DIRECTOR

SIGNATURE AND