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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 24, 2001 8:00 am **DOCUMENT # S62984** Secretary of State CONCEPTS AND SOFTWARE SOLUTIONS, INC. 01-24-2001 90079 046 ***150.00 Principal Place of Business Mailing Address 1125 US 98 SOUTH 1125 US 98 SOUTH ŠTÉ 200 STE 200 COC1000 LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 3, Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 65-0270185 City & State 4. FEI Number Applied For Not Applicable 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 JOSEPH P WOODROW, JOYCE O. Box Number is Not Acceptable) 1125 US HWY 98 SOUTH SUITE 200 PEMBROKE PINES FL 33029 City 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 signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Addition WOODROW, KRAIG Woodrow, Kraig 935 Hamilton Place Lane NAME NAME STREET ADDRESS 17903 SW 2 STREET STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33029 CITY-ST-ZIP Lakeland, FL 33813 TITLE 🔀 Delete TITLE WOODROW, JOYCE A. NAME NAME 17903 SW 2 STREET STREET ADDRESS STREET ADDRESS CITY-ST-2IP PEMBROKE PINES FL 33029 CITY-ST-7IP Change Addition TITLE TITLE ST JOHN, JOSEPH NAME NAME 1125 US HWY 98 SOUTH SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

JOSEPH P. ST. JOHN