Apr 07, 2000 8:00 am Secretary of State 04-07-2000 90043 008 ***158.75

DOCUMENT # V06694 1. Entity Name A1 TELETRONICS, INC. Principal Place of Business Mailing Address C/O D. MICHAEL POINTER. II 1010 118TH AVENUE NORTH ST. PETERSBURG FL 33716 2510 118TH AVENUE NORTH ST. PETERSBURG FL 33716-1919 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3112743 Not Applicable 8.75 Addition Zip Zip Country Country 5. Certificate of Status Desired Fee Required... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POINTER, D. MICHAEL II 2550 1187H AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) SI PETERSBURG FL 33716 2510 118th Avenue 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition **DCEO** TITLE ☐ Delete TITLE GALINSKI, MICHAEL B. NAME NAME STREET ADDRESS STREET ADDRESS 2500 118TH AVE N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33716 ☐ Addition □ Delete TITLE Change TITLE NAME POINTER, D. MICHAEL II NAME STREET ADDRESS STREET ADDRESS 2510 118TH AVE N. CITY-ST-ZIP CITY-ST-7IP ST. PETESBURG FL 33716 Change Addition TITLE Delete Aris Rogers NAME 2500 118th Avenue North STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 ar

SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR)