FILED

2001 UNIFORM BUSINESS REPORT (UBR)

MICH AEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

Jan 24, 2001 8:00 am **DOCUMENT # V47746 Secretary of State** EAGLEVIEW TECHNOLOGIES, INC. 01-24-2001 90025 018 ***150.00 Principal Place of Business Mailing Address 110 E ATLANTIC AVE PMB #271 007683 5030 CHAMPION BLVD G-6 SUITE 230 DELRAY BEACH FL 33444 **BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address SE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0342341 Not Applicable Country 🚚 ــــــــ **\$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 PAOLINI, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable) PMB #271 5030 CHAMPION BLVD G-6 **BOCA RATON FL 33496** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (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 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 12. 2 Change TITLE TITLE ☐ Delete DST J. Paulini NAME NAME PAOLINI, MICHAEL J. MICHAEL 5030 Champion Blud. 8-6 PMB#271 STREET ADDRESS STREET ADDRESS PMB #271 5030 CHAMPION BLVD G-6 CITY-ST-ZIP CITY-ST-ZIP Boca Raton FL 33496 BOCA RATON FL 33496 ___ Change Delete TITLE TITLE NAME NAME PAOLINI. KIMBERLY STREET ADDRESS STREET ADDRESS PMB #271 5030 CHAMPION BLVD G-6 CITY-ST-7IP CITY-ST-ZIP BOCA RATON FL 33496 TITLE ☐ Addition Delete ☐ Change TITLE NAME NAME CILELKA, KEVIN STREET ADDRESS STREET ADDRESS PMB #271 5030 CHAMPION BLVD G-6 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33496 TITLE TITLE ☐ Change ☐ Addition □ Delete 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 ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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.

PR4310007