| Principal Place of Business       Nalling Address         SBGE G MARTON DASS PROY<br>TAWA FL 2580 0       SSGE G MARTON DAN PROY<br>SUTE for<br>US       Image: Control of Supervised Control on Proy<br>SUTE for<br>US         2. Principal Place of Business       3. Mailing Address       Image: Control on Supervised Control on Proy<br>SUTE for<br>US         3bler, Apr. # ofc.       Sale: Apr. # ofc.       Sale: Apr. # ofc.       Sale: Apr. # ofc.         2. Principal Place of Business       Sale: Apr. # ofc.       Sale: Apr. # ofc.       Sale: Apr. # ofc.         2. Principal Place of Business       Sale: Apr. # ofc.       Sale: Apr. # ofc.       Sale: Apr. # ofc.         2. Principal Place of Business       Sale: Apr. # ofc.       Sale: Apr. # ofc.       Sale: Apr. # ofc.         3. Destiness of Marco Biologic D Control Megittered Agent       The off Address of New Registering Agent       Sale: Apr. # ofc.         3. The official D Control Megittered Agent       The off Address of New Registering Agent       Sale: Apr. # ofc.       Sale: Apr. # ofc.         3. The official D Control Megittered Agent       Sale: Apr. # official D Control Megittered Agent         3. Destination of address of Megittered Agent       The official D Control Megittered Agent       The official D Control Megittered Agent  | DOCU<br>1. Entity Nan          | 1 UNIFORM BUSI<br>IMENT # V49518<br>CHNOLOGIES, INC.                                     | NESS REPO  | RT (UE                                | BR)  | Feb 06,<br>Secreta                 | <b>TLED</b><br>2001 8:0<br>ary of St<br>90316 012 ***15 |                                       |
|--|--------------------------------|--|--|---------------------------------------|--|------------------------------------|---|---------------------------------------|
| Safe, April, #, dc.       Safe, April, #, dc.       Do Not Write in the structure and address of Norreit Registered Agent         Zip       Country       Zip       Country       S. Conditions of Sales       4. FF1 Number 59:3131957       Anacled For<br>Write Application         Zip       Country       Zip       Country       6. Conditions of Sales Desired       Sales 75:Addeese<br>Fee Resided         Sales, Appl, March J, address of Current Registered Agent       7. Harris and Address of New Registered Agent       Fee Resided         GARDNER, MERRITT A<br>otil EAST JACKSON STREET<br>Zobio Sulfinks (FLO Dark Number is Not Accessable)       Sales Appl, Appl  | 5909-g hampt<br>Tampa FL 336   | ON OAKS PKWY   | 5909 G HAMPTON OAK PKI<br>SUITE 104<br>TAMPA FL 33610                                      | WY                                    |  | * 1881: 61:8:1 81616 19:5: 81:5: 1 |   |                                       |
| City & State City & City & City & State City & Cit | 2. Principal Place of Business |  |  |                                       |  |                                    |   |                                       |
| Zip         Country         Zip         Country         Sectors Status Desired         Sta  | Suite, Apt.                    | . #, etc.  | Suite, Apt. #, etc.  |                                       |  | DO NOT WRI                         | TE IN THIS SPACE  |                                       |
| Zip         Country         Zip         Country         S. Centificate of Status Desired         S. 75 Additional<br>Fee Required<br>Fee Required           8. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           4. 01 EAST AddRSS NERET<br>2850 SUNTRUST FANCIAL CENTRE<br>TAMPA FL 33692         Strict Address (P.O. Box Number is Nit Access(ablo)           2. The above named antity submits his statement for the purpose of changing its registered affice or registered agent, or both, in the State of Forda           SIGNATURE<br>Taking requirement and elects to a co.<br>(See ortaling countement advects to a co.)         Affit Registered Agent (and washed were required)         Dutt           9. This corporation is eligible to astely its Intangular<br>Taking requirement advects to a co.<br>(See ortaling countement advects to a co.)         Affit Registered Agent (and were required)         Dutt           11.         OPFICIERS AND DIRECTORS         12.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           11.         OPFICIERS AND DIRECTORS         12.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           11.         OPFICIERS AND DIRECTORS         12.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           11.         OPFICIERS AND DIRECTORS         12.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           11.         OPFICIERS AND DIRECTORS         12.         ADDITIO   | City & State                   |  | City & State   |                                       | 4.   | FEI Number 59-313195               |   | · · · · · · · · · · · · · · · · · · · |
|  | Zip                            | Country  | Zip  | Country                               | 5.   | Certificate of Status Desired      | □ \$8.75 Ad   | ditional                              |
| GARDNER, MERPITT A<br>401 EAST JACKSON STREET<br>2850 SUNTRUST FANCAL CENTRE<br>TAMPA FL 33602       Street Address (P.C. Box Number is Not Acceptable)         City       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.       Date         SIGNATURE       Bother in address (P.C. Box Number is Not Acceptable)       Date         SIGNATURE       Dottin submits this statement for the purpose of changing its registered agent, or based with statement of the purpose of changing its registered agent, or based with statement of the purpose of changing its registered agent, or based with statement of the purpose of changing its registered agent, or based with statement of State         9. The optimizer agent and elects to do so.       MOTE Requerement of State       10. Election Campaign Friending       Stode of Press         11.       OPFICERS AND DIFECTORS       Addition State       Addition State       Addition Free with be \$550.00<br>Make Orbect Personale to Department of State       10. Election Campaign Friending       Stode of Press         11.       OPFICERS AND DIFECTORS       Addition       Addition       Addition         NMM       SMITH, RICHARD G       SMITH, RICHARD G       NME       Change       Addition         NMM       OPFICERS AND DIFECTORS       Change       Change       Addition         NMM       SMITH, RICHARD G       SMITH, RICHARD G  |                                | 6. Name and Address of Current R   | leğistered Agent   |                                       |  | Name and Address of New F          |   |                                       |
| 401 EAST JACKSON STREET<br>2850 SUNTRUST FANCIAL CENTRE<br>TAMPA FL 33602       Street Address (P.O. Box Number is Not Accessible)         0:1/       City       FL       Z p Code         8. The above named onthy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.       StGMATURE   | GAR                            | idner. Merritt a   |  | ļ                                     |  |                                    |   |                                       |
| TAMPA FL 33602         City       FL       Zp Code         8. The above named antity automits this statement for the purpose of changing its registered agent, or both, in the State of Fiorica.         SIGNATURE         SIGNATURE   | 401                            | EAST JACKSON STREET  |  | Street                                | Street Address (P.O. Box Number is Not Acceptable) |                                    |   |                                       |
| B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda.  SIGNATURE   |                                |  |  | City                                  |  |                                    | <b>CI</b> Zip Coo                                       | de                                    |
| SIGNATURE  | 8. The above                   | a named entity submits this statement for  | the purpose of changing its  | registered office                     | or registered a                                    | dent or both in the State of Fi    |   |                                       |
| 9. This corporation is eligible to satisfy its imangible<br>Tax filing requirement and elects to as o.<br>(See criteria on back) FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2001 Fee will be \$550.00<br>Make Check Payable to Department of State 10. Election Campaign Financing<br>Trust Fund Contribution. \$5.00 May Be   11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   TITLE D Detection Campaign Financing<br>Trust Fund Contribution. Change Addition   SINT H, RICHARD G Detection Campaign Financing<br>Trust Fund Contribution. Change Addition   SINT H, RICHARD G Detection Campaign Financing<br>Trust Fund Contribution. Change Addition   SINT H, RICHARD G Detection Campaign Financing<br>Trust Fund Contribution. Change Addition   SINT H, RICHARD G Detection Campaign Financing<br>Trust Fund Contribution. Change Addition   SINT H, JANE E. Detection Trust Financing<br>Trust Fund Contribution. Change Addition   NME SINT H, JANE E. NME Change Addition   NME Detection Trust Financing<br>Trust Fund Contribution. Change Addition   NME SINT H, JANE E. Detection Trust Financing<br>Trust Fund Contribution. Change Addition   NME SINT H, JANE E. Detection Trust Financing<br>Trust Fund Contribution. Change Addition <td< td=""><td></td><td></td><td></td><td></td><td></td><td>-<br/></td><td></td><td></td></td<>  |                                |  |  |                                       |  | -<br>                              |   |                                       |
| Tax tiling requirement and elects to do so.       After MAY 1, 2001 Fee will be \$550.00       10. Election Campaign Financing Solutions       S5.00 May Be Added to Fees         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Title       D       Delate       Title       Change Indicated to Fees         NMS       SMITH, RICHARD G       Intle       Intle       Change Indicated to Fees         S030 A BRECKINRIDGE PKWY       SIRET ADRESS       SIRET ADRESS       Change Indicated to Fees         SMITH, JANE E.       SMITH, JANE E.       Intle       Intle       Intle         SMITH, JANE E.       SIRET ADRESS       SIRET ADRESS       Chr.st.2P       Change Indicated to Fees         SMITH, JANE E.       SIRET ADRESS       SIRET ADRESS       Chr.st.2P       Change Indicated to Fees         SIRET ADRESS       SIRET ADRESS       Chr.st.2P       Chr.st.2P       Chr.st.2P       Chr.st.2P         The MARA FL       Delate       ThtL       NAME       SIRET ADRESS       Chr.st.2P       Chr.st.2P         Chr.st.2P       Chr.st.2P       Chr.st.2P       Chr.st.2P       Chr.st.2P       Chr.st.2P       Chr.st.2P       Chr.st.2P         The MARA FL       Delate       ThtL       NAME       SIRET ADRESS <td< td=""><td>9. This corpo</td><td>pration is eligible to satisfy its Intangible</td><td></td><td></td><td></td><td></td><td>·</td><td></td></td<>  | 9. This corpo                  | pration is eligible to satisfy its Intangible  |  |                                       |  |                                    | ·   |                                       |
| TITLE       D       Delete       TTLE       TLE       Addition         NAME       SMITH, RICHARD G       Change       Addition         NAME       SMITH, RICHARD G       SMITH, ANPE FL       Change       Addition         UTV-ST-ZP       TAMPA FL       Delete       TTLE       Change       Addition         NAME       SMITH, JANE E       SMITH, JANE E       Change       Addition         NAME       SMITH, JANE E       Other       SMITH, JANE E       Addition         NAME       SMITH, JANE E       Change       Addition         NAME       SINER ADDRESS       Change       Addition         Citry ST-ZP       Citry ST-ZP       Change       Addition         NAME       SINER ADDRESS       Citry ST-ZP       Change       Addition         SINER ADDRESS       Citry ST-ZP       Change       Addition   | Tax filing r                   | requirement and elects to do so.   | After MAY 1, 200   | 01 Fee will be                        | \$550.00   |                                    |   |                                       |
| NME       SMITH, RICHARD G       NAME       Industry       Industry         SIRET ADDRESS       S803 A BRECKINRIDGE PKWY       SIRET ADDRESS       Industry       Industry         SIRET ADDRESS       S017 BAYSHORE BLVD, UNIT-301       Industry       Industry       Industry         SIRET ADDRESS       S017 BAYSHORE BLVD, UNIT-301       SIRET ADDRESS       Industry       Industry         SIRET ADDRESS       S017 BAYSHORE BLVD, UNIT-301       SIRET ADDRESS       Industry       Industry         SIRET ADDRESS       S017 BAYSHORE BLVD, UNIT-301       SIRET ADDRESS       Industry       Industry         SIRET ADDRESS       SIRET ADDRESS       Intre  |                                |  |  | 12.                                   | A  | L<br>DDITIONS/CHANGES TO OFF       | ICERS AND DIRECTOR                                      | IS IN 11                              |
| NMME       SMIII T, VANCE E.       NAME         STRETTADRES       3017 BAYSHORE BLVD, UNIT-301       STRETVADRESS         CITY-ST-ZIP       TAMPA FL       City-ST-ZiP         TILE       Delete       TTLE         NAME       STRETVADRESS       City-ST-ZiP         TILE       Delete       TTLE         NAME       STRETADDRESS       City-ST-ZiP         TILE       Delete       TTLE         NAME       STRETADDRESS       City-ST-ZiP         TILE       Delete       TTLE         NAME       STRETADDRESS       City  | NAME<br>STREET ADDRESS         | Smith, Richard G<br>5803 A Breckinridge Pkwy   | 🗖 Delete   | NAME<br>STREET ADDRESS                |  |                                    | 🗌 Change  | Addition                              |
| CITY-ST-2/P       TAMPA FL       CITY-ST-2/P         ITILE       Delete       ITILE         NAME       STREET ADDRESS         CITY-ST-2/P       CITY-ST-2/P         ITILE       Delete         ITILE       Delete         ITILE       Delete         ITILE       OPERATIONESS         CITY-ST-2/P       CITY-ST-2/P         ITILE       Delete         ITILE       NAME         STREET ADDRESS       CITY-ST-2/P         CITY-ST-2/P       CITY-ST-2/P         ITILE       NAME         STREET ADDRESS       CITY-ST-2/P         ITILE       NAME         STREET ADDRESS       CITY-ST-2/P         ITILE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-2/P         ITILE       NAME       STREET ADDRESS         STREET ADDRESS       CITY-ST-2/P       CITY-ST-2/P         ITILE       NAME       STREET ADDRESS       CITY-ST-2/P   | NAME                           | SMITH, JANE E.   |  | NAME                                  |  |                                    | 🗌 Change  | Addition                              |
| NAME       STREET ADDRESS         CITY-ST-ZIP       Delete         TITLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       Change         MAME       STREET ADDRESS         CITY-ST-ZIP       Change         ITTLE       NAME         STREET ADDRESS       CITY-ST-ZIP         CITY-ST-ZIP       CITY-ST-ZIP         ITTLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         ITTLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         ITTLE       NAME         STREET ADDRESS       CITY-ST-ZIP  |                                |  | · · · · · · · · · · · · · · · · · · ·  |                                       |  |                                    | · · · · · · · · · · · · · · · · ·                       |                                       |
| NAME       I bondo       NAME         STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP         HTLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         HTLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         ITTLE       STREET ADDRESS <td>NAME<br/>STREET ADDRESS</td> <td></td> <td>Delete</td> <td>NAME<br/>Street address</td> <td></td> <td></td> <td>🗌 Change</td> <td>Addition</td>   | NAME<br>STREET ADDRESS         |  | Delete   | NAME<br>Street address                |  |                                    | 🗌 Change  | Addition                              |
| ITTLE       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       <  | NAME<br>Street adoress         |  | Delete   | NAME<br>STREET ADDRESS                |  |                                    | 🗍 Change  | Addition                              |
| NAME       NAME         STREET ADDRESS       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 11 or Block 12 if changed, or on an attachment of than address, with all other like empowered.         SIGNATURE:       Image: Imag   | NAME<br>STREET ADDRESS         |  | Delete   | TITLE<br>NAME<br>STREET ADDRESS       |  | -                                  | Change  | Addition                              |
| SIGNATURE:   | NAME<br>STREET ADDRESS         |  | Delete   | NAME<br>STREET ADDRESS                |  |                                    | 🗂 Change  | Addition                              |
|  | of the corr                    | on this report or supplemental report is tr<br>poration or the receiver or trustee emnow | rue and accurate and that my<br>ered to execute this report a<br>all other like empowered. | y signature shall<br>s required by Ch | have the same<br>apter 607, Flor                   | lenal effect as if made under (    | hath, that Lam an officiar                              | or director                           |
| SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Device Phase #   | SIGNAT                         |  | NTED NAME OF SIGNING OFFICER O   |                                       | TH   | 1-8-0/<br>Date                     | 8/3-620-9   | <i>4888</i>                           |