

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90068 032 ***150.00

DOCUMENT # M83504
 1. Entity Name
GENERAL CONDUCTIVE TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
7650 W. COURTNEY CAMPBELL CSWY #1120 TAMPA FL 33607 US
7650 W. COURTNEY CAMPBELL CSWY #1120 TAMPA FL 33607 US



2. Principal Place of Business 3. Mailing Address
712 S. Oregon Ave **712 S. Oregon Ave**
 (Suite) Apt. #, etc. (Suite) Apt. #, etc.
200 **200**
 City & State City & State
Tampa, FL **Tampa, FL**
 Zip Country Zip Country
33606 **33606**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2894856** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
KRUSEN JR., W. ANDREW
~~**7650 W. COURTNEY CAMPBELL CSWY #1120 TAMPA FL 33607**~~
 Name
 Street Address (P.O. Box Number is Not Acceptable)
712 S. Oregon Ave.
Suite 200
 City State Zip Code
Tampa FL 33606

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 *Walter W.A. Krusen, Jr.* **4-25-02**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRUSEN, W. ANDREW JR 7650 COURTNEY CAMPBELL CSWY #1120 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 712 S. Oregon Ave, Suite 200 Tampa, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S JONES, DOUGAS N 7650 COURTNEY CAMPBELL CSWY #1120 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 712 S. Oregon Ave, Suite 200 Tampa, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Krusen, Charles B. 465 Park Ave., Apt. 13A New York, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Walter W.A. Krusen, Jr.* **4-25-02** **813-837-3009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)