

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27973

1. Entity Name
PLASMINE TECHNOLOGY, INC.

Principal Place of Business

3298 SUMMIT BOULEVARD
BUILDING 35
PENSACOLA FL 32503
US

Mailing Address

P. O. BOX 30209
PENSACOLA FL 32503-209
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	EMERSON, RALPH	
STREET ADDRESS	3976 MENENDEZ DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JEN, JIM	
STREET ADDRESS	16 GALE BREAK CIRCLE	
CITY-ST-ZIP	SAVANNAH GA	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HAYES, TOM	
STREET ADDRESS	5122 GULL PT. RD.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HASEGAWA, YOSHIHIRO	
STREET ADDRESS	DOSITO-MACHI, 4-CHOME	
CITY-ST-ZIP	OSAKA, 541, JAPAN	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARA, NORIKAZU	
STREET ADDRESS	1-40-10 HACHOBORI, CHUO-KU	
CITY-ST-ZIP	TOKYO JA	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOGUCHI, HISAO	
STREET ADDRESS	5001 GRANDE AVE #1324	
CITY-ST-ZIP	PENSACOLA FL 32504	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William H. Spencer	
STREET ADDRESS	5740 Country Squire Drive	
CITY-ST-ZIP	Milton, FL 32570	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. John M. Vaughan	
STREET ADDRESS	307 Eldredge Road	
CITY-ST-ZIP	Ft. Walton Beach, FL 32547	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven J. Violette	
STREET ADDRESS	1172 Mary Kate Drive	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 with an address, with all other like empowered.

SIGNATURE: *William H. Spencer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Spencer 5/1/01 (850) 438-8550

Date

Daytime Phone #

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90038 009 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2982267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)