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**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91589 015 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000068912

1. Entity Name  
QUALYCON, INC



Principal Place of Business Mailing Address  
7802 KINGSPONTE PKWY.  
ORLANDO, FL 32819

2. Principal Place of Business 3. Mailing Address  
7802 KINGSPONTE PKWY

Suite, Apt. #, etc. Suite, Apt. #, etc.  
SUITE 202

City & State City & State  
ORLANDO-FL

Zip Country Zip Country  
32819 USA

4. FEI Number 593526092 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
JOSE MAYORAL  
7802 KINGSPONTE PKWY Suite 206  
ORLANDO, FL 32819

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when releasing)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$500.00  
Fee 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 NAME	PRESIDENT	<input type="checkbox"/> Delete
STREET ADDRESS	RICK HENRY	
CITY-ST-ZIP	7802 KingsPointe Pkwy	
TITLE NAME	COO	<input type="checkbox"/> Delete
STREET ADDRESS	JIM CRAGE	
CITY-ST-ZIP	7802 KingsPointe Pkwy	
	Orlando, FL 32819	<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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 an individual empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date of Filing

CR2E034 (11/00)