

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90004 037 \*\*\*150.00

**DOCUMENT # P99000014899**

1. Entity Name  
**3-D INSPECTION SYSTEMS, INC.**

Principal Place of Business      Mailing Address  
**1705 COLONIAL BLVD STE A-4**      **1705 COLONIAL BLVD STE A-4**  
**FT MYERS FL 33907**                      **FT MYERS FL 33907**

**813814**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0901317</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>ROBISON, LINDA R</b> <b>6450 PINE AVE</b> <b>SANIBEL FL 33957</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>FOWLER, CARL</b>		NAME				
STREET ADDRESS	<b>1705 COLONIAL BLVD #A-4</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>		CITY-ST-ZIP				
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<b>CHARLES CUBBAGE</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>CUMMINGS, CHARLES</b>		NAME				<b>ERROR IN SPELLING</b>
STREET ADDRESS	<b>1705 COLONIAL BLVD STE A-4</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>		CITY-ST-ZIP				
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>FOWLER, CATHERINE</b>		NAME				
STREET ADDRESS	<b>1705 COLONIAL BLVD A-4</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: Carl Fowler (CARL C. FOWLER)      Date: 2/8/01      Daytime Phone #: 941-277-9820

CR2E034 (10/00)