

DOCUMENT # P99000036862

1. Entity Name

ACRYLIC TECH, INC.

Principal Place of Business

165 HIDDEN WOODS COVE  
ALTAMONTE SPRINGS FL 32701

Mailing Address

165 HIDDEN WOODS COVE  
ALTAMONTE SPRINGS FL 32701-7609

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED  
00 FEB 28 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00000100



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3573707

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TREES, PHILIP H  
125 S. SWOOPE AVE., STE. 107  
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name: Gary Siegel Esq.  
Street Address (P.O. Box Number is Not Acceptable): 4500 S. Hwy 199a  
City: Fern Park FL Zip Code: 32730

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

1-18-00

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, 2000 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	president	<input type="checkbox"/> Delete
NAME	Jurgen Roschlein	
STREET ADDRESS	165 Hidden Woods Cove	
CITY-ST-ZIP	Altamonte Springs FL 32701	
TITLE	vice-president	<input type="checkbox"/> Delete
NAME	Kimberly Roschlein	
STREET ADDRESS	165 Hidden Woods Cove	
CITY-ST-ZIP	Altamonte Springs FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

Jurgen m. Roschlein

Date

Daytime Phone #

LS

CR2E034 (9/99)