

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90315 011 \*\*\*150.00

**DOCUMENT # S03168**

1. Entity Name  
**HADRONIC PRESS, INC.**

**C0082306**



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**35246 U.S. 19 NORTH**      **35246 U.S. 19 NORTH**  
**SUITE 115**      **SUITE 115**  
**PALM HARBOR FL 34684-1909**      **PALM HARBOR FL 34684**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      **59-3025281**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SANTILLI, ERMANNO**  
**35246 U.S. 19 NORTH**  
**SUITE 115**  
**PALM HARBOR FL 34683**

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, 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**

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

TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>SANTILI, ERMANNO</b>
STREET ADDRESS	<b>35246 U.S. 19 NORTH</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>
TITLE	<b>O</b> <input type="checkbox"/> Delete
NAME	<b>SANTILLI, CARLA</b>
STREET ADDRESS	<b>35246 U.S. 19 NORTH</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>SANTILLI, LUISA</b>
STREET ADDRESS	<b>35246 US 19 NORTH</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>
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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: Carla Santilli, Pres.      Date: 4-15-00      Daytime Phone #: 727 934-95