

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90171 021 ***158.75

DOCUMENT # K13481

1. Entity Name
OMICRON TECHNOLOGIES, INC.

| | |
|---|---|
| Principal Place of Business 1110 BRICKELL AVENUE SUITE 430 MIAMI FL 33131 | Mailing Address 1310 N. STATE STREET SUITE 100 BELLINGHAM WA 98225-4715 |
|---|---|

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|--|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address 114 W. Magnolia St. Suite, Apt. #, etc. Suite 400-128 City & State Bellingham, WA Zip 98225 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0032447 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (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. **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 NAME STREET ADDRESS CITY-ST-ZIP | PD SLEEMAN, BARRETT 1310 N. STATE STREET, SUITE 100 BELLINGHAM WA 98225 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD Sleeman, Barrett 114 W. Magnolia Street, Suite 400-128 Bellingham WA 98225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD NAYLOR, DAVID 1310 N. STATE STREET, SUITE 100 BELLINGHAM WA 98225 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD & CFO Naylor, David 114 W. Magnolia Street, Suite 400-128 Bellingham, WA 98225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FOSTER, CHRIS 1310 N. STATE STREET, SUITE 100 BELLINGHAM WA 98225 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Foster, Chris 114 W. Magnolia Street, Suite 400-128 Bellingham, WA 98225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Narwal, Sakwinder 114 W. Magnolia Street, Suite 400-128 Bellingham, WA 98225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *David Naylor* **David Naylor, Mar. 29, 2000 877-903-2288**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)