

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90033 043 ***150.00

DOCUMENT # P01000064651

1. Entity Name
SENSOR TECHNOLOGIES, INC.

Principal Place of Business
13246 38 ST N
CLERAWATER FL 33762

Mailing Address
13246 38 ST N
CLERAWATER FL 33762

2. Principal Place of Business
1600 Sunshine Drive
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 5988
 Suite, Apt. #, etc.

City & State
Clearwater, FL
 Zip
33765
 Country
USA

City & State
Clearwater, FL
 Zip
33758
 Country
USA

4. FEI Number
59-3729052

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

MITCHELL, JAMES R
13246 38 ST N
CLERAWATER FL 33762

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1600 Sunshine Drive
 City *Clearwater* **FL** Zip Code **33765**

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 reinstating)

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, 2002 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	PC	<input type="checkbox"/> Delete
NAME	MITCHELL, JAMES R	
STREET ADDRESS	13246 38 ST N	
CITY-ST-ZIP	CLERAWATER FL 33762	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, PATRICIA	
STREET ADDRESS	13246 38 ST N	
CITY-ST-ZIP	CLERAWATER FL 33762	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGHERTY, DIANE	
STREET ADDRESS	13246 38 ST N	
CITY-ST-ZIP	CLERAWATER FL 33762	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAHOWITZ, ANN	
STREET ADDRESS	13246 38 ST N	
CITY-ST-ZIP	CLERAWATER FL 33762	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	DISLER, DODD M	
STREET ADDRESS	13246 38 ST N	
CITY-ST-ZIP	CLERAWATER FL 33762	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DISLER, DODD M	
STREET ADDRESS	13246 38 ST N	
CITY-ST-ZIP	CLERAWATER FL 33762	

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		

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: *[Signature]* **CFO (Dodd M. Disler)** **2/28/02** **727-573-1900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)