

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90282 047 ***150.00

DOCUMENT # 361594

1. Entity Name

MICROVIA, INC.

Principal Place of Business

**1150 BELLE AVE
WINTER SPRINGS FL 32708**

Mailing Address

**1150 BELLE AVE
WINTER SPRINGS FL 32708-2962**

2. Principal Place of Business

3. Mailing Address

202 SOUTH 22ND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210

City & State

City & State

TAMPA, FL

Zip

Country

Zip

Country

33605 HILLSBOROUGH

4. FEI Number

59-1300910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPOTTS, RALPH L
1150 BELLE AVE
WINTER SPRINGS FL 32708**

Name

JEFF GRANGER

Street Address (P.O. Box Number is Not Acceptable)

202 S 22ND STREET

SUITE 210

City

TAMPA

FL

Zip Code

33605

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

Jeffrey Granger

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 **STD** ☒ Delete
NAME **JORDAN, JAMES**
STREET ADDRESS **2340 NE 53RD**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **O/C** ☐ Change ☐ Addition
NAME **PRUBAN, TIM**
STREET ADDRESS **2413 BAYSHORE BLVD #602**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **PD** ☒ Delete
NAME **SPOTTS, RALPH L JR.**
STREET ADDRESS **430 WOGDUN CT.**
CITY-ST-ZIP **LAKE MARY FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MCLAUGHLIN, JAMES E**
STREET ADDRESS **2651 N.E. 43RD ST.**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☒ Delete
NAME **ALLEGRI, CHARLES**
STREET ADDRESS **1001 N CYPRESS CRK RD205**
CITY-ST-ZIP **FT LAUD FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jeffrey Granger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 (813) 242-8902
Date Daytime Phone #

CR2E034 (9/99)