

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90255 020 ***150.00

DOCUMENT # F00000000116

1. Entity Name
MICROTECH INTERNATIONAL, INC.

Principal Place of Business Mailing Address
 111 S. SEMINOLE ST. 111 S. SEMINOLE ST.
 PORT ST. JOE FL 32456 PORT ST. JOE FL 32456



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FE# Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		58-2314750		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
GAHAGEN, DONALD H 111 S. SEMINOLE ST. PORT ST. JOE FL 32456				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 _____

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	Secretary / Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAHAGEN, DONALD H	NAME	ROBERTA S. GAHAGEN
STREET ADDRESS	111 S. SEMINOLE ST.	STREET ADDRESS	111 S. Seminole St.
CITY-ST-ZIP	PORT ST. JOE FL 32456	CITY-ST-ZIP	Port St. Joe, FL 32456
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAHAGEN, TIMOTHY C	NAME	
STREET ADDRESS	1704 CLEARWATER/LARGO RD., SUITE C-1	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Donald H. Gahagen DONALD H. GAHAGEN 4-2-02 850-229-8469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)