

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000003378**1. Entity Name
PRAEOS TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
1776 PEACHTREE ST., STE 601 SOUTH	1776 PEACHTREE ST., STE 601 SOUTH
ATLANTA GA 30309	ATLANTA GA 30309

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
58-2262875
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 AgentTRIPP LARRY
17221 TIFFANYSHORE DR.LUTZ FL
33549 US**7. Name and Address of New Registered Agent**Name
TRIPP LARRY
Street Address (P.O. Box Number is Not Acceptable)
17221 TIFFANY SHORE DR.City
LUTZ FL Zip Code
33549

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 _____ **01/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete
NAME	ECKHAUS JEFFREY K	
STREET ADDRESS	4747 GREAT HERON CIRCLE	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	S	<input type="checkbox"/> Delete
NAME	MYHAND MELISSA L	
STREET ADDRESS	1979 PALIFOX DR NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	P	<input type="checkbox"/> Delete
NAME	EGAN JR JAMES P	
STREET ADDRESS	1979 PALIFOX DR NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIPP LARRY	
STREET ADDRESS	17221 TIFFANY SHORE DR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARSALL TODD	
STREET ADDRESS	5412 MEADOW POND DR	
CITY-ST-ZIP	ELLCOTT CITY MD 21043	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKHAUS JEFFREY K	
STREET ADDRESS	4747 GREAT HERON CIRCLE	
CITY-ST-ZIP	FAIRFAX VA 22033	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYHAND MELISSA L	
STREET ADDRESS	1979 PALIFOX DR NE	
CITY-ST-ZIP	ATLANTA GA 30307	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN JR JAMES P	
STREET ADDRESS	1979 PALIFOX DR NE	
CITY-ST-ZIP	ATLANTA GA 30307	
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: TODD PEARSALL

V

01/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)