

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90073 017 ***150.00

DOCUMENT # F00000006382

1. Entity Name
MIDFRAME TECHNOLOGIES, INC.

Principal Place of Business

**236 LAUREL STREET
 BRIDGEWATER MA 02324**

Mailing Address

**236 LAUREL STREET
 BRIDGEWATER MA 02324**

2. Principal Place of Business

18614 AVENUE CAPRI

3. Mailing Address

18614 AVENUE CAPRI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOT 2, FL

City & State

LOT 2, FL

Zip

Country

33558 US

Zip

Country

33558 US

4. FEI Number

04-3385889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RODERICK, JOHN F
 3301 BAYSHORE BLVD., STE 1702
 TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name **Roderick, John F.**

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

18614 AVENUE CAPRI

City

LOT 2

FL

Zip Code

33558

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

John F. Roderick, President

4/30/2002

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, 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

TITLE **PCD** ☐ Delete
 NAME **RODERICK, JOHN F**
 STREET ADDRESS **236 LAUREL STREET**
 CITY-ST-ZIP **BRIDGEWATER MA 02324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☒ Change ☐ Addition
 NAME **Roderick, John F.**
 STREET ADDRESS **18614 AVENUE CAPRI**
 CITY-ST-ZIP **LOT 2, FL 33558**

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

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

TITLE ☐ Change ☐ Addition
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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:

John F. Roderick

4/30/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)