

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000000575

FILED  
Jan 09, 2003  
Secretary of State

Entity Name: NEURO-TEC INC.

## Current Principal Place of Business:

975 COBB PLACE BLVD  
301  
KENNESAW, GA 30144

## New Principal Place of Business:

## Current Mailing Address:

975 COBB PLACE BLVD  
301  
KENNESAW, GA 30144

## New Mailing Address:

FEI Number: 58-1996219

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILKEY, MIKE  
10060 BISHOP LAKE WAY  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: SMITHWECK, TOM  
Address: 975 COBB PLACE BLVD, STE 301  
City-St-Zip: KENNESAW, GA 30144

Title: VSTD ( ) Delete  
Name: SMITHWECK, PAM  
Address: 975 COBB PLACE BLVD, STE 301  
City-St-Zip: KENNESAW, GA 30144

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM SMITHWECK

MRS.

01/09/2003

Electronic Signature of Signing Officer or Director

Date