


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91815 001 \*\*\*317.50

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AT

|                                            |                                                                                   |
|--------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> F01000001037             |  |
| <b>1. Entity Name</b><br>RTI DEVICES, INC. |                                                                                   |

|                                                                               |                                                                  |
|-------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>11621 RESEARCH CIR.<br>ALACHUA FL 32615 | <b>Mailing Address</b><br>P.O. BOX 2650<br>ALACHUA FL 32616-2650 |
|-------------------------------------------------------------------------------|------------------------------------------------------------------|

|                                       |                                            |
|---------------------------------------|--------------------------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b><br>P.O. Box 2650 |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.                        |

|                         |                                         |
|-------------------------|-----------------------------------------|
| <b>City &amp; State</b> | <b>City &amp; State</b><br>Alachua, FL. |
| <b>Zip</b>              | <b>Country</b><br>U.S.A.                |



☒ CHECK HERE IF MAKING CHANGES

|                                                                                                                                                       |                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>4. FEI Number</b><br>59-3466543                                                                                                                    | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                     |                                                               |
| <b>6. Name and Address of Current Registered Agent</b><br>UNITED CORPORATE SERVICES, INC.<br>9200 S. DADELAND BLVD., SUITE 508<br>MIAMI FL 33156-0000 |                                                               |
| <b>7. Name and Address of New Registered Agent</b>                                                                                                    |                                                               |
| Name                                                                                                                                                  |                                                               |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                    |                                                               |
| City                                                                                                                                                  |                                                               |
| State <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                                       |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11               |                                                                              |
|------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>TITLE</b>                                                     | <input type="checkbox"/> Delete | <b>TITLE</b>                                                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                                                      |                                 | <b>NAME</b>                                                         |                                                                              |
| <b>STREET ADDRESS</b>                                            |                                 | <b>STREET ADDRESS</b>                                               |                                                                              |
| <b>CITY-ST-ZIP</b>                                               |                                 | <b>CITY-ST-ZIP</b>                                                  |                                                                              |
| P<br>HUTCHISON, BRIAN<br>11621 RESEARCH CIR.<br>ALACHUA FL 32615 |                                 | PCEO<br>HUTCHISON, BRIAN<br>11621 Research Cir.<br>ALACHUA FL 32615 |                                                                              |
| <b>TITLE</b>                                                     | <input type="checkbox"/> Delete | <b>TITLE</b>                                                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>                                                      |                                 | <b>NAME</b>                                                         |                                                                              |
| <b>STREET ADDRESS</b>                                            |                                 | <b>STREET ADDRESS</b>                                               |                                                                              |
| <b>CITY-ST-ZIP</b>                                               |                                 | <b>CITY-ST-ZIP</b>                                                  |                                                                              |
|                                                                  |                                 | VCEO<br>ROSE, THOMAS<br>11621 Research Cir.<br>ALACHUA FL 32615     |                                                                              |
| <b>TITLE</b>                                                     | <input type="checkbox"/> Delete | <b>TITLE</b>                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>                                                      |                                 | <b>NAME</b>                                                         |                                                                              |
| <b>STREET ADDRESS</b>                                            |                                 | <b>STREET ADDRESS</b>                                               |                                                                              |
| <b>CITY-ST-ZIP</b>                                               |                                 | <b>CITY-ST-ZIP</b>                                                  |                                                                              |
|                                                                  |                                 |                                                                     |                                                                              |
| <b>TITLE</b>                                                     | <input type="checkbox"/> Delete | <b>TITLE</b>                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>                                                      |                                 | <b>NAME</b>                                                         |                                                                              |
| <b>STREET ADDRESS</b>                                            |                                 | <b>STREET ADDRESS</b>                                               |                                                                              |
| <b>CITY-ST-ZIP</b>                                               |                                 | <b>CITY-ST-ZIP</b>                                                  |                                                                              |
|                                                                  |                                 |                                                                     |                                                                              |
| <b>TITLE</b>                                                     | <input type="checkbox"/> Delete | <b>TITLE</b>                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>                                                      |                                 | <b>NAME</b>                                                         |                                                                              |
| <b>STREET ADDRESS</b>                                            |                                 | <b>STREET ADDRESS</b>                                               |                                                                              |
| <b>CITY-ST-ZIP</b>                                               |                                 | <b>CITY-ST-ZIP</b>                                                  |                                                                              |
|                                                                  |                                 |                                                                     |                                                                              |

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **4-21-03** **(386) 418-8888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)