## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am Secretary of State F01000005856 DOCUMENT # 1. Entity Name 04-22-2002 90253 034 \*\*\*150 NALLATECH, INC. Principal Place of Business Mailing Address 12565 RESEARCH PARKWAY. SUITE 300 POSTAGOR 12565 RESEARCH PARKWAY, SUITE 300 ORLANDO FL 32636 ORLANDO FL 32636 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3753266 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **CORPDIRECT AGENTS** Street Address (P.O. Box Number is Not Acceptable) 103 N MERIDIAN STREET, LOWER LEVEL TALLAHASSEE FL 32301 Zip Code City Fl 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME CANTLE, ALLAN J NAME STREET ADDRESS 17 GULLANE CRESCENT CUMBERMAULD STREET ADDRESS CITY-ST-7IP GLASGOW G68 OHR CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE ۷D NAME NAME DAVLIN, MALACHY STREET ADDRESS STREET ADDRESS 32 OVERTOUN DRIVE, RUTHERGLEN CITY-ST-ZIP CITY-ST-ZIP GLASGOW G68 OHR. Change [7] Addition ☐ Delete TITLE TITLE FREELAND, GEORGE NAME NAME 37 RAVELRIG GAIT FREELAND, GEORGE STREET ADDRESS STREET ADDRESS 12565 RESEARCH PARKWAY, SUITE 300 BALERNO, WEST WITHIAN EHIY FNH CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32636 D ☐ Change ☐ Audition ☐ Delete TITLE TITLE HUNT, IAN NAME NAME DLIVER VILLA, MATVILLE PARK STREET ADDRESS STREET ADDRESS DUNBAR, EDINBARGH CITY-ST-ZIP EHZY IAH CITY-ST-ZIP ☐ Change → Addition ☐ Delete TITLE TITLE KETTERER , KIRK NAME NAME 650 LAKEWOOD LN. STREET ADDRESS STREET ADDRESS 32780 CITY-ST-ZIP TITUSVILLE, FL. CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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.

FILED