

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90060 012 \*\*\*150.00

**DOCUMENT # F01000005856**

1. Entity Name  
**NALLATECH, INC.**



Principal Place of Business  
**12565 RESEARCH PARKWAY, SUITE 300  
ORLANDO FL 32636**

Mailing Address  
**12565 RESEARCH PARKWAY, SUITE 300  
ORLANDO FL 32636**



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 **59-3753266**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPDIRECT AGENTS  
103 N MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE FL 32301**

Name

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

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(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  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	CANTLE, ALLAN J	17 GULLANE CRESCENT CUMBERMAULD	GLASGOW G68 OHR	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	DAVLIN, MALACHY	32 OVERTOUN DRIVE, RUTHERGLEN	GLASGOW G68 OHR	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	FREELAND, GEORGE	37 RAVELRIG GAIT	BALERNO LUTHIAN EH14- 7NH	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HUNT, IAN	OLIVER VILLA, MAYVILLE PARK	DUNBAR, EDINBURGH EH24- 1AH	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	KETTERER, KIRK	650 LAKEWOOD LN	TITUSVILLE FL 32780	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Kirk A. Ketterer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KIRK A. KETTERER**

**6 Jan. '03**

**407.384.9255**

Date

Daytime Phone #

CR2E034 (10/02)