2003 FOR PROFIT CORPORATION

FILED Mar 24, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR Secretary of State** F01000006109 DOCUMENT # 1. Entity Name 03-24-2003 90659 030 ***150.00 FP TECHNOLOGIES, INC. Principal Place of Business Mailing Address 5744 W. 79TH ST. PO BOX 290352 FATTA GARA INDIANAPOLIS IN 46278 TAMPA FL 33617-0352 2. Principal Place of Business 3. Mailing Address 8383 (raig POBOX 290352 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Juite. City & State City & State 4. FEI Number Applied For 35-2056081 ndianapolis lamoa Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA د *35ه -* 33617 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANDALL, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 5605 LADA DE LOMA CT., #261 **TAMPA FL 33617** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered of the statement for the purpose of changing its registered of the statement for the purpose of changing its registered of the statement for the purpose of changing its registered of the statement for the purpose of changing its registered of the statement for the purpose of changing its registered of the statement for the purpose of changing its registered of the statement for the purpose of changing its registered of the statement for the purpose of changing its registered of the statement for the purpose of changing its registered of the statement for the purpose of changing its registered of the statement for the purpose of changing its registered of the statement for the purpose of changing its registered of the statement for the sta registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **Change** TITLE □ Delete TITLE ☐ Addition Machan, Leon MACHAN, LEON NAME NAME 9226 Aintree Drive **5744 W. 79TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIANAPOLIS IN CITY-ST-ZIP Indianapolis, IN 46250 Change TITLE Delete TITLE ☐ Addition dall, william R. s Lada de Coma RANDALL, WILLIAM R NAME STREET ADDRESS 540 S LADA DE LOMA CT #261 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33617 Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 of trustee embowered 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

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)