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## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

CRISPLANT INC.

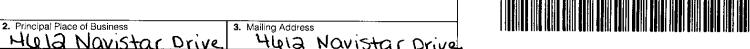
Principal Place of Business

7495 NEW TECHNOLOGY WAY

FREDERICK MD 21703-9401

Mailing Address

7495 NEW TECHNOLOGY WAY FREDERICK MD 21703-9401





Suite, Apt. #, etc.			Suite, Apt. #, etc.			2110.5	DO NOT WRITE IN THIS SPACE				
Frede	rick	MO	City & State Frederick MD			<b>4</b> . F	4. FEI Number 52-1681719			Applied For Not Applicable	
21703		Country USA	21703	Countr	, SA	5. (	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
1	SLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)							
PLANTAT				City			FL	Zip Code	9		
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! After May 1, 2002 Make Check Payable					S \$150.	00 50.00	10. Election Campaign Financi Trust Fund Contribution.			<b>0</b> May Be to Fees	
11.		OFFICERS AND D	IRECTORS	12.	1	ADI	DITIONS/CHANGES TO OFFICER	S AND D	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, F 5 WINSLO WESTON	)W RD	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			ļ	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		AVID RUN DRIVE VILLE MD 21793	☐ Delete	TITLE NAME STREET CITY-S	Address T-Zip			ĺ	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kelly, Jo	DHN LING GREEN WAY	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T			Ī	Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BILES, JO 15-19 NEV	,	☐ Delete	TITLE NAME STREET CITY-S	aodress T-ZIP			[	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	address 1-zip			[	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS F-ZIP	no.		[	_ Change	Addition	

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.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #