FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 21, 2002 8:00 am Secretary of State DOCUMENT # F96000004364 1. Entity Name 01-21-2002 90008 012 \*\*\*150.00 SEMITECH ELECTRONICS, CORP. Principal Place of Business Mailing Address 13917 LYNMAR BOULEVARD 13917 LYNMAR BOULEVARD **TAMPA FL 33626** TAMPA FL 33626 US .... 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-2855253 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required ----6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOLLETT, FRANKLYN J ESQ Street Address (P.O. Box Number is Not Acceptable) 2790 SUNSET POINT RD CLEARWATER FL 34619 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME DEMARCO, DAVID STREET ADDRESS STREET ADDRESS 4412 WHEATLAND WAY CITY-ST-ZIP CITY-ST-ZIP Palm Harbor Fl TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information profits 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 indowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if section all other like empowered. 13. I hereby certify that the information supplied indicated on this report or suppliemental report of the corporation or the receiver or trusted changed, or on an attachment with an address

- David DeMarco 1/11/02