

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90041 036 ***550.00

DOCUMENT # F96000006245

1. Entity Name
DESKINS TECHNOLOGY, INC.

Principal Place of Business

1450 BOYSON ROAD
 HIAWATHA IA 52233
 US

Mailing Address

1450 BOYSON ROAD
 HIAWATHA IA 52233
 US

2. Principal Place of Business

3657 ARUBA Ct

Suite, Apt. #, etc.

City & State
PUNTA GORDA FL

Zip
33950

Country
US

3. Mailing Address

162 COLLINS RD NE

Suite, Apt. #, etc.

360

City & State
CEDAR RAPIDS IA

Zip
52402

Country
US

4. FEI Number **42-1413810**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DESKINS, WILLIAM D
3657 ARUBA CT
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PS	DESKINS, WILLIAM D	7241 HAMPSHIRE DR. N.E.	CEDAR RAPIDS IA-52402	<input type="checkbox"/>
VT	DESKINS, BEVERLY A CRANE	7241 HAMPSHIRE DRIVE NE	CEDAR RAPIDS IA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		3657 ARUBA Ct	PUNTA GORDA FL 33950	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3657 ARUBA Ct	PUNTA GORDA FL 33950	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

William D. Deskins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/14/00

Daytime Phone #

CR2E034 (5/00)