

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90033 007 \*\*\*150.00

**DOCUMENT # F97000000156**

1. Entity Name

**EVERETT CHARLES TECHNOLOGIES, INC.**

Principal Place of Business

**6860 EDGEWATER COMMERCE PARKWAY  
SUITES 350 & 400  
ORLANDO FL**

Mailing Address

**700 E. HARRISON AVENUE  
POMONA CA 91767  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **94-3254863**

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

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!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	VAN LOAN, DAVID R	
STREET ADDRESS	2664 SHADY RIDGE	
CITY-ST-ZIP	DIAMOND BAR CA 91765	

TITLE	DIRECTOR/ SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER MARSHALL	
STREET ADDRESS	20 HAWLEY STREET, 6 <sup>th</sup> FLOOR, EAST TOWER	
CITY-ST-ZIP	BINGHAMTON, NY 13901-3280	

TITLE	C	<input type="checkbox"/> Delete
NAME	POMEROY, JOHN E	
STREET ADDRESS	416 MURRAY HILL ROAD	
CITY-ST-ZIP	VESTAL NY 13850	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIVINGSTON, ROBERT	
STREET ADDRESS	20 HAWLEY STREET, 6 <sup>th</sup> FLOOR, EAST TOWER	
CITY-ST-ZIP	BINGHAMTON, NY 13901-3280	

TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, MARK E	
STREET ADDRESS	2193 NORTH FIRST AVENUE	
CITY-ST-ZIP	UPLAND CA 91784	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	KUHBACH, ROBERT G	
STREET ADDRESS	80 EAST END AVENUE, APT. 19C	
CITY-ST-ZIP	NEW YORK NY 10028	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/01

909-625-5551

CR2E034 (10/00)