

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90287 012 ***150.00

DOCUMENT # F97000002721

1. Entity Name
FLOOR SEAL TECHNOLOGY, INC.

Principal Place of Business **Mailing Address**
1530 OLD OAKLAND ROAD, SUITE 120 **1530 OLD OAKLAND ROAD, SUITE 120**
SAN JOSE CA 95112 **SAN JOSE CA 95112**
US **US**

2. Principal Place of Business **3. Mailing Address**
1005 Ames Ave **1005 Ames Ave**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**
Milpitas Ca **Milpitas Ca**
Zip **Country** **Zip** **Country**
95035 **US** **95035** **US**

4. FEI Number **94-2658820** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

BLOSS, CHARLIE
4415 FLORIDA NATIONAL DR., #206
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name **Samuel**
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CLYNE, WILLIAM R	
STREET ADDRESS	20288 BEAR CIRCLE RD.	
CITY-ST-ZIP	LOS GATOS CA 95033	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOHBECK, MARK	
STREET ADDRESS	986 GOODWIN DR	
CITY-ST-ZIP	SAN JOSE CA 95228	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	ANTHONY, TOM	
STREET ADDRESS	20408 SANTA CRUZ HWY	
CITY-ST-ZIP	LOS GATOS CA 95033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 **Tom R Anthony**

Date

Daytime Phone #

1/18/02 **408-436-8181**

CR2E034 (9/01)