

2001 ~~STATE~~ **UNIFORM** **REPORT (UBR)**

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91327 038 ***150.00

DOCUMENT # G37064 (4)

1. Entity Name
Explosive Consultants, Inc.

Principal Place of Business
7820 S. TROPICAL TR.
MERRITT ISLAND, FL.
32952

Mailing Address
7820 S. TROPICAL TR.
MERRITT ISLAND FLA.
32952

2. Principal Place of Business

2. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip **Country** **Zip** **Country**

4. FEI Number
59-2443646

Applied For
Not Applicable

5. Certificate of Status Desired **\$2.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ULLIAN, LOUIS
7820 S. TROPICAL TR.
MERRITT ISLAND, FLA.
32952

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 submitting)

9. This corporation is eligible to elect to be intangible tax filing requirement and elects to do so. (See criteria on back)

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	NAME ULLIAN, LOUIS	<input type="checkbox"/> Delete
STREET ADDRESS 7820 S. TROPICAL TR.	CITY-STATE-ZIP MERRITT ISLAND, FLA. 32952	
TITLE VP	NAME ULLIAN, HELEN	<input type="checkbox"/> Delete
STREET ADDRESS 7820 S. TROPICAL TR.	CITY-STATE-ZIP MERRITT ISLAND, FLA. 32952	
TITLE T	NAME ULLIAN MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS 7820 S. TROPICAL TR.	CITY-STATE-ZIP MERRITT ISLAND 32952	
TITLE S	NAME MILNER LINDA	<input type="checkbox"/> Delete
STREET ADDRESS 436 NORTON RD.	CITY-STATE-ZIP KNOXVILLE, TENN.	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-STATE-ZIP	

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Louis J. Ullian **DATE:** 25 April 01 **32952-1704**

CR2001 (1/00)