


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90323 024 \*\*\*150.00

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<b>DOCUMENT #</b> H31558	
1. Entity Name NOZZLETECH, INC.	

Principal Place of Business 3208 E COLONIAL DR #C-304 ORLANDO FL 32803	Mailing Address 3208 E COLONIAL DR #C-304 ORLANDO FL 32803
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-2475339</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>	
<b>7. Name and Address of New Registered Agent</b>	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete COCKS, ERIC H	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4100 GALT OCEAN DR #712	NAME	
STREET ADDRESS	FT LAUDERDALE FL 33308	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete COCKS, ERIC J	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	95 OLD HYDE RD	NAME	
STREET ADDRESS	WESTON CT 06833	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete GRIFFIN, RICHARD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5320 NW 35TH AVE	NAME	
STREET ADDRESS	FORT LAUDERDALE FL 33309	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 4/8/2003 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)