

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90130 028 ***150.00

DOCUMENT # H83392

1. Entity Name
VARIMETRIX CORPORATION

Principal Place of Business

**2350 COMMERCE PARK DR NE #4
 PALM BAY FL 32905**

Mailing Address

**2350 COMMERCE PARK DR NE #4
 PALM BAY FL 32905**

B0129674



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2629459**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**VORWALLER, MARK L.
 2350 COMMERCE PARK DR., #4
 PALM BAY FL 32905**

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 _____

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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS VORWALLEER, MARK L. 2350 COMMERCE PK. DR., NE #4 PALM BAY FL 32905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BYRNES, ROBERT J. 2350 COMMERCE PK. DR., NE #4 PALM BAY FL 32905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOO T KONG 2350 COMMERCE PK DR NE 4 PALM BAY FL 32905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LENNIE D MORRISON 2350 COMMERCE PK DR NE 4 PALM BAY FL 32905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONG-JIN, LEE 2350 COMMERCE PK DR #4 PALM BAY FL 32905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISCHER, ROBERT N 2350 COMMERCE PK DR #4 PALM BAY FL 32905	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HISAKAZU YAMAGUCHI, HISAKASU 2350 COMMERCE PK DR NE #4 PALM BAY, FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAEDA, ISAO 2350 COMMERCE PK DR NE #4 PALM BAY, FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMADA, KATSURO 2350 COMMERCE PK DR NE #4 PALM BAY, FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEEBA LEE, KIWON 2350 COMMERCE PK DR NE #4 PALM BAY, FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, SEHYUN 2350 COMMERCE PK DR NE #4 PALM BAY, FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HELMS S 2350 COMMERCE PK DR NE #4 PALM BAY, FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/02

(321) 676-3222
 Date Daytime Phone #

CR2E034 (4/02)



Attachment
ID# H 83392
B029674

July 9, 2002

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Late Fee

To Whom It May Concern:

We were quite surprised to finally receive our 2002 Uniform Business Report and find the fee to be \$550. We understand that the fee includes a \$400 late fee.

We respectfully request that the late fee be waived because this form is the first notification we have received regarding the 2002 report. We have included the \$150 filing fee as indicated in Item 8 of the frequently asked questions with the form.

Sincerely,

Stanley H. Helm
Treasurer & Secretary