2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J67096**

1. Entity Name

OLDE WORLD TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
515 CARCABA RD	515 CARCABA RD
ST. AUGUSTINE FL 32095	ST. AUGUSTINE FL 32095

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	**4.** FEI Number **59-2795596** · 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
TESDORPF, JOHN	Name
515 CARCABA RD	Street Address (P.O. Box Number is Not Acceptable)
ST.AUGUSTINE FL 32095	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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE **PT** NAME **TESDORPF, JOHN** STREET ADDRESS **515 CARCABA RD.** CITY-ST-ZIP **ST. AUGUSTINE FL**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **S** NAME **HILTBRUNNER, DORRACE A** STREET ADDRESS **250 WATSON ROAD** CITY-ST-ZIP **ST. AUGUSTINE FL 32086**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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_   8-14-02   604-806-2767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

John-Tesdorpf
515 Carcaba Road
Saint Augustine Fl 32084
Tel# 904-806-2767

#J67096

#J49963

Fla Dep't of State
Division of Corporations

Saint Augustine. August 14. 2002

To Whom It may Concern:

Thank you for taking the time to read this "sob" story. I contacted your office per telephone yesterday and after giving my story, was told to write it down and perhaps the recipient would take pity on me.

I have two corporations with the forms included. To my horror I noticed that I failed to file the two reports prior to being stationed overseas. Upon my return I immediately contacted your office and am now hoping that the enclosed checks and explanation will suffice to allow me a current filing. I have no one except myself to blame but can promise you that this will not happen again. Should you accept this explanation, I can only thank you for your kindness.

Sincerely,

John Tesdorpf