

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90171 021 \*\*\*158.75

**DOCUMENT # K13481**

1. Entity Name  
**OMICRON TECHNOLOGIES, INC.**

Principal Place of Business

1110 BRICKELL AVENUE  
 SUITE 430  
 MIAMI FL 33131

Mailing Address

1310 N. STATE STREET  
 SUITE 100  
 BELLINGHAM WA 98225-4715

2. Principal Place of Business

3. Mailing Address

*114 W. Magnolia St.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite 400-128*

City & State

City & State

*Bellingham, WA*

Zip

Country

Zip

Country

*98225*

4. FEI Number

**65-0032447**

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

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, 2000 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 **PD**  Delete  
 NAME **SLEEMAN, BARRETT**  
 STREET ADDRESS **1310 N. STATE STREET, SUITE 100**  
 CITY-ST-ZIP **BELLINGHAM WA 98225**

TITLE **CD**  Change  Addition  
 NAME **Sleeman, Barrett**  
 STREET ADDRESS **114 W. Magnolia Street, Suite 400-128**  
 CITY-ST-ZIP **Bellingham WA 98225**

TITLE **STD**  Delete  
 NAME **NAYLOR, DAVID**  
 STREET ADDRESS **1310 N. STATE STREET, SUITE 100**  
 CITY-ST-ZIP **BELLINGHAM WA 98225**

TITLE **STD & CFO**  Change  Addition  
 NAME **Naylor, David**  
 STREET ADDRESS **114 W. Magnolia Street, Suite 400-128**  
 CITY-ST-ZIP **Bellingham, WA 98225**

TITLE **D**  Delete  
 NAME **FOSTER, CHRIS**  
 STREET ADDRESS **1310 N. STATE STREET, SUITE 100**  
 CITY-ST-ZIP **BELLINGHAM WA 98225**

TITLE **D**  Change  Addition  
 NAME **Foster, Chris**  
 STREET ADDRESS **114 W. Magnolia Street, Suite 400-128**  
 CITY-ST-ZIP **Bellingham, WA 98225**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Change  Addition  
 NAME **Narwal, Sakwinder**  
 STREET ADDRESS **114 W. Magnolia Street, Suite 400-128**  
 CITY-ST-ZIP **Bellingham, WA 98225**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *David Naylor* **David Naylor**, *Mar. 29, 2000* **877-903-2288**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)