

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90068 032 ***150.00

DOCUMENT # M83504

1. Entity Name

GENERAL CONDUCTIVE TECHNOLOGIES, INC.

Principal Place of Business

**7650 W. COURTNEY CAMPBELL CSWY
 #1120
 TAMPA FL 33607
 US**

Mailing Address

**7650 W. COURTNEY CAMPBELL CSWY
 #1120
 TAMPA FL 33607
 US**

2. Principal Place of Business

**712 S. Oregon Ave
 Suite Apt. #, etc.
 200**

3. Mailing Address

**712 S. Oregon Ave
 Suite Apt. #, etc.
 200**

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606

Country

Zip

33606

Country

4. FEI Number

59-2894856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KRUSEN JR., W. ANDREW

7650 W. COURTNEY CAMPBELL CSWY

#1120

TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

712 S. Oregon Ave.

Suite 200

Tampa

FL

**Zip Code
 33606**

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 **W.A. Krusen, Jr.**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-02

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

TITLE **PD** ☐ Delete
 NAME **KRUSEN, W. ANDREW JR**
 STREET ADDRESS **7650 COURTNEY CAMPBELL CSWY #1120**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE **T/S** ☐ Delete
 NAME **JONES, DOUGAS N**
 STREET ADDRESS **7650 COURTNEY CAMPBELL CSWY #1120**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **712 S. Oregon Ave., Suite 200**
 CITY-ST-ZIP **Tampa, FL 33606**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **712 S. Oregon Ave., Suite 200**
 CITY-ST-ZIP **Tampa, FL 33606**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Krusen, Charles B.**
 CITY-ST-ZIP **465 Park Ave., Apt. 13A
 New York, NY 10022**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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: **W.A. Krusen, Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

813-837-3009

Daytime Phone #

CR2E034 (9/01)