

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-17-2002 90161 047 ***61.25

DOCUMENT # **N99000007370**

1. Entity Name

Humanitech, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15 Sentry Oak Place

3. Mailing Address

POB 354469

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palm Coast, FL

City & State
Palm Coast, FL

4. FEI Number

593606944

Applied For

Not Applicable

Zip
32137

Country
USA

Zip
32135-4469

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Sharon D. Balmforth**

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

15 Sentry Oak Place

City **Palm Coast**

FL

Zip Code
32137

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Must Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Dodson, Roshanak K 1861 Brown Blvd #624 Arlington, TX 76006
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Baldwin, Valeri L 1337 Paddock Place Bartlett, IL 60103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President, Treasurer, Director Balmforth, John (B) POB 354469 Palm Coast, FL 32135-4469
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President, Secretary, Director Balmforth, Sharon (D) POB 354469 Palm Coast, FL 32135-4469
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**DO NOT WRITE
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon D. Balmforth, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/02 386-445-5229

CR2E037B (12/01)