

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006019

1. Entity Name
PHOTERA TECHNOLOGIES, INC.

Principal Place of Business
3404 N ORANGE BLSS TRAIL
ORLANDO FL 32804

Mailing Address
3404 N ORANGE BLSS TRAIL
ORLANDO FL 32804

2. Principal Place of Business
10421 Pacific Center Court
Suite, Apt. #, etc.

3. Mailing Address c/o Christopher Walt
2223 Avenida de la Playa
Suite, Apt. #, etc.
Suite 100

City & State
San Diego, California

City & State
La Jolla, CA

Zip
92121-4339

Country
USA

Zip
92037

Country
USA

4. FEI Number
59-3622660

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMSER, THOMAS A
390 N ORANGE AVE STE 1500
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
UCC Filing and Search Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
526 East Park Avenue
City
Tallahassee FL Zip Code
32301

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 *Ed Hand, President*
Signature, typed or printed name of registered agent and title if applicable

12/31/01
DATE

(NOTE: Registered Agent signature required when reinstating)

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 12, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete all prior officer and director information. New officers and directors are listed in Block 12. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Graham Flint 10421 Pacific Center Court San Diego, CA 92121-4339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary and Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Susan Rodgers 10421 Pacific Center San Diego, CA 92121-4339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James A. Glaze 10421 Pacific Center Court San Diego, CA 92121-4339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John M. Scott 10421 Pacific Center Court San Diego, CA 92121-4339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300004755449--9 -01/07/02--01048--012 *****70.00 *****70.00

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: *Ed Hand, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/01
Date

858-755-8855, X214
Daytime Phone #

0012187 AV

CR2E034 (5/01)

