2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 JUN -4 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000026130

1. Entity Name

STATCO TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
5100 N. Federal Hwy Ste 409 Ft Lauderdale, FL 33308	5100 N. Federal Hwy, Ste 409 Ft Lauderdale, FL 33308

2. Principal Place of Business	3. Mailing Address
4850 St. James Ave.	300 Fifth Ave. South
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 101-456
City & State Titusville, FL	City & State Naples, FL
Zip / Country 32780 / USA	Zip / Country 34102 / USA

4. FEI Number
65-0985309
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEGEL, LARRY
5100 N FEDERAL HWY STE 409
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name: Renita Watts
Street Address (P.O. Box Number is Not Acceptable): 4850 St. James Ave.
City: Titusville, FL Zip Code: 32780

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: Renita Watts — Renita Watts — 4-11-01
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D STATON, ED 4000 MCCAIN BLVD NORTH LITTLE ROCK, AR 72216 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D Jim Johnson 20 Justice Ln Conway, AR 72033 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Ed Staton 121 Knollwood Lodge Rd Hot Springs, AR 71913 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Liz Staton 121 Knollwood Lodge Rd Hot Springs, AR 71913 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D Ron Davis 311 Bobwhite Road Lonoke, AR 72086 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700004478668?--2 -07/17/01--01013--001 *****185.00 *****150.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Ron Davis, Secretary/Treasurer — 4-11-01 — 501-985-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number