1-21-02 727-866-2596

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000026984 1. Entity Name COMPUTER INTEGRATED MANUFACTURING TECHNOLOGIES, INC.					Secretary of State 02-11-2002 90050 010 ***150.00		
Principal Place of Business Mailing Address							
8601 4TH STREET NORTH SUITE 310 8601 4TH STREET NORTH SU ST PETERSBURG FL 33702 ST PETERSBURG FL 33702							
2. Principal P	lace of Business						
	5th ST. S.	Sr. S.	r. S.		IN THIS SPACE	olied For	
City & State ST. PETENSBURG FL ST. PETENSB			smb, Fa		59-3638596	├	Applicable
Zip 33	205 Country	Zip 33705	Country . U · S.	5.	Certificate of Status Desired	S8.75 Addition Fee Required	
	6. Name and Address of Current I			7.	Name and Address of New Reg	istered Agent	
ZIEGLER,	JOHN			186LE	·		
8601 4TH	STREET NORTH SUITE 310 RSBURG FL 33702	Street Address (P.O. Box Number is Not Acceptable) HOZU SYM STREET SWTH					
City				ST. PETENS BUB FL 33705			
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 Ingraph. typed or printed name of registered agent and title in policiable. (NOTE: Registered Agent signature required when reinstating) DATE							
.9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS After May 1, 2002 Fee will Make Check Payable to Depa				50.00	10. Election Campaign Final Trust Fund Contribution.	, , +0.0.	May Be to Fees
11.	OFFICERS AND I		12.		DDITIONS/CHANGES TO OFFIC		
TITLE NAME STREET ADDRESS	0001 1111 0111221 11011111 00112 011			4626	N SONU SHUSTNEET SOUT		☐ Addition
CITY-ST-ZIP	ST PETERSBURG FL 33702		CITY-ST-ZIP	ST.P	ETELSBURG, FL 3		
NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP			CITY-ST-ZIP				
NAME STREET ADDRESS		Delete —	NAME STREET ADDRESS			Change	Addition
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated of the cor	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that my wered to execute this report as	signature shall h	ave the same	legal effect as if made under oa	th: that I am an officer of	or director (

LUZD