

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90158 020 \*\*\*150.00

**DOCUMENT #** P000000036970  
 1. Entity Name  
ALLIDEX, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business  
951 BROKEN SOUND PARKWAY  
 Suite, Apt. #, etc.  
SUITE 225  
 City & State  
BOCA RATON FLORIDA  
 Zip  
33487 Country  
USA

3. Mailing Address  
951 BROKEN SOUND PARKWAY  
 Suite, Apt. #, etc.  
SUITE 225  
 City & State  
BOCA RATON FLORIDA  
 Zip  
33487 Country  
USA

4. FEI Number ☒ Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
CHAD CORNELL  
ALLIDEX, INC.  
951 BROKEN SOUND PARKWAY  
SUITE 225  
BOCA RATON FLORIDA 33487

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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] DATE APRIL 11, 2001  
Signature, typed or printed name of registered agent and title if applicable. (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 \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] DARYL STANN APRIL 11, 2001 (561) 862-0571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Attachment  
DA-P00000036970  
AW56981

**Box 12**

**Title:** P/S/D/C  
**Name:** Chad Corneil  
**Street Address:** Suite 225, 951 Broken Sound Parkway  
**City, State, ZIP:** Boca Raton, FL 33487

**Title:** V  
**Name:** Darryl Stann  
**Street Address:** Suite 225, 951 Broken Sound Parkway  
**City, State, ZIP:** Boca Raton, FL 33487

**Title:** V  
**Name:** Morgan Korn  
**Street Address:** Suite 225, 951 Broken Sound Parkway  
**City, State, ZIP:** Boca Raton, FL 33487

**Title:** V  
**Name:** Barry Jarvis  
**Street Address:** Suite 225, 951 Broken Sound Parkway  
**City, State, ZIP:** Boca Raton, FL 33487

**Title:** D  
**Name:** Traver Gruen-Kennedy  
**Street Address:** 6400 Northwest 6<sup>th</sup> Way  
**City, State, ZIP:** Ft. Lauderdale, FL 33309

**Title:** D  
**Name:** Cameron Chell  
**Street Address:** 500, 630-8<sup>th</sup> Avenue SW  
**City, State, ZIP:** Calgary, Alberta T2P 1G6 Canada

**Title:** D  
**Name:** Terry Summach  
**Street Address:** 313 Capilano Place  
**City, State, ZIP:** Saskatoon, Saskatchewan S7K 4J7 Canada

**Title:** D  
**Name:** Daniel Taylor  
**Street Address:** Suite 391, 2193 Commonwealth Avenue  
**City, State, ZIP:** Boston, MA 01235

**Title:** D  
**Name:** Bjorge Gretland  
**Street Address:** Ruselokkveien 6  
**City, State, ZIP:** Oslo, Norway N-0122

**Title:** D  
**Name:** Arif Ali  
**Street Address:** Suite 5100, 1301 McKinney  
**City, State, ZIP:** Houston, TX 77010-3095

**Title:** D  
**Name:** Julia Johnson  
**Street Address:** c/o Net Communications, 614 S. Grand Hwy  
**City, State, ZIP:** Clearmont, Florida 32712