

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000041042**

1. Entity Name

QYX TECHNOLOGIES, INC.

Principal Place of Business

2109 BAYSHORE BLVD.

SUITE 804

TAMPA FL 33606

Mailing Address

2109 BAYSHORE BLVD.

SUITE 804

TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 804

City & State

Suite, Apt. #, etc.

Suite 804

City & State

Zip
33606

Country

Zip
33606

Country

6. Name and Address of Current Registered Agent

ROBERTS, BROWER M

2109 BAYSHORE BLVD.

SUITE 804

TAMPA FL 33606

Name

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

Suite 804

City

FL Zip Code
33606

7. Name and Address of New Registered Agent

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

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 State10. Election Campaign Financing
Trust Fund Contribution: ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ROBERTS, BROWER M	2109 BAYSHORE BLVD.	TAMPA FL 33629	<input type="checkbox"/>
D	SIGETY, C. BIRGE	2109 BAYSHORE BLVD.	TAMPA FL 33629	<input checked="" type="checkbox"/>
D	BUCKLEY, LAWRENCE L	2109 BAYSHORE BLVD.	TAMPA FL 33629	<input checked="" type="checkbox"/>
D	HAR-NOV, YOSHI	2109 BAYSHORE BLVD.	TAMPA FL 33629	<input checked="" type="checkbox"/>
D	ASLESON, ROBERT F	2109 BAYSHORE BLVD.	TAMPA FL 33629	<input type="checkbox"/>
D	Brian Nicely	2109 Bayshore Blvd, #804	Tampa, FL 33606	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 REQUIRED

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 11, 2001 813-258-5680

Date

Daytime Phone

APPROVED
AND
FILED

01 OCT 15 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

EF

4. FEI Number
59-3596857Applied For
Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required

CR2E034 (5/01)