## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 24, 2002 8:00 am Secretary of State

DOOL	MENT !				05-24-2002 91332	. 043 ***150.00	
1. Entity Nan	MENT # POOC	500063	9	1			
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Jou	THEAST TECHN	ology con	UKII	, , , , ,	-		
a gale	DO NOT WRIT	E IN THIS S	E				
2. Principal F	Place of Business	3. Mailing Address					
949 Woodson Hommock Cincil							
Suite, Apt. #, etc.		Suite, Apt. ∉, etc.			DO NOT WRITE IN THIS SPACE		
WINTER GARDER		City & State	City & State		4. FEI Number 59-3654664	- Applied For Not Applicable	
Zip.	Country	Zip	Cour	lry		8.75 Additional	
Sizir Sizi			7		7. Name and Address of Current Registered		
				Namo JONATHAM A. THOMPSON			
DO NOT WRITE				Street Address (P.O. Box Number by Not Acceptable)			
IN THIS SPACE				949 Wornson Hammock CIOCLE			
				City VI A and Matter FI Zip Code			
8. The above	ramph drifty cultimits this statement	for the oursess of changing	te rogietor	od office or exciptor	ed agent, or both, in the State of Rorka	3 <del>418</del>	
a. The above	reality submits this statement	W.	its registeri	ed office of register	ed agent, or both, in the State of both date	- 3 / / 8 /	
SIGNATURE .	yourselfon an	Stryson			May !	2002	
·····				d Agent signature required ee is \$150.00	when (chistating)		
This corporation is eligible to satisfy its Intengible     Tax filing requirement and elects to do so.     After May 1,     Amended:				s \$550.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
(See criter	ria on back)	Make Check Pay	able to D	partment of Stat	e :	Added to Fees	
11.	PRICINCAT	D DIRECTORS	TITU	gradian beginder Research in bestek in		<del>-</del>	
NAME	h Dann Com					(12/01	
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CITY-ST-ZIP	the second secon	Mark By	194	ST-24P			
13. Thereby certify that the information supplied with this filling 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 report or tustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an							
attachmer	nt with an address with all other like e	empowered.	on as rout		or round ordinates, and that my name appears if	FIGURE OF OFFICE	
SIGNAT	URE: Sorata	a Thorson			May 1, 200 - 4	074156365	
		PRINTED NAME OF SIGNING OFFICE	R OR DIRECT	DR .	Date Days	rne Phone #	