2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State
03-13-2003 90080 034 ***150.00

DOCUMENT # P00000080535

1. Entity Name
S2TECHNICAL SALES, INC.

Principal Place of Business	Mailing Address
4450 NORTHEAST 30TH AVENUE LIGHTHOUSE POINT FL 33064	4450 NORTHEAST 30TH AVENUE LIGHTHOUSE POINT FL 33064

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5892 Pine Grove Run	5892 Pine Grove Run
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oviedo FL	City & State: Oviedo FL
Zip: 32765 Country: U.S.A.	Zip: 32765 Country: USA

4. FEI Number: ~~65-1034777~~ 65-1084777 Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name: SHERRY O'HARA Street Address (P.O. Box Number is Not Acceptable): 5892 PINE GROVE RUN City: OVIEDO FL Zip Code: 32765

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: 3/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD PEGEL, SANDEE 4450 NORTHEAST 30TH AVENUE LIGHTHOUSE POINT FL 33064	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD O'HARA, SHERRY L 4450 NORTHEAST 30TH AVENUE LIGHTHOUSE POINT FL 33064	☐ Delete	SD VS VITP OHARA, SHERRY L. 5892 PINE GROVE RUN OVIEDO, FL 32765	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY L. O'HARA 3/11/03 407/366-1646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)