FILED

02 MAY 30 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000038857

1. Entity Name
UNITED STATES GOLFTECH INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16310 PAL RITSEN Way
Suite, Apt. #, etc.
City & State
Winter Garden FL
Zip 34787 Country USA

3. Mailing Address
520 N. BROOKHURST ST
Suite, Apt. #, etc.
#121
City & State
ANAHEIM
Zip 92801 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
593743978
Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent
Name
PETER LEE
Street Address (P.O. Box Number is Not Acceptable)
1006 BRAISS AVE
City LUTZ FL Zip Code 33549

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 Peter Lee DATE
(Signature required when filing)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

11. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PRESIDENT/CEO |
| NAME | KENNETH KLEIM, Ph.D |
| STREET ADDRESS | 520 N. BROOKHURST # 121 |
| CITY-ST-ZIP | ANAHEIM, CA 92801 |
| TITLE | ROD GARY - SECRETARY |
| NAME | |
| STREET ADDRESS | 520 N. BROOKHURST #121 |
| CITY-ST-ZIP | ANAHEIM, CA 92801 |
| TITLE | DIRECTOR |
| NAME | PETER LEE |
| STREET ADDRESS | 1006 BRAISS AVE |
| CITY-ST-ZIP | LUTZ, FL 33549 |
| TITLE | DIRECTOR |
| NAME | YOON C. LEE |
| STREET ADDRESS | 1006 BRAISS AVE |
| CITY-ST-ZIP | LUTZ, FL 33549 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Yoon C. Lee 4/26/02 714-778-5295
(Signature and Typed or Printed Name of Individual and Capacity or Title) Date Daytime Phone #