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## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## Jan 10, 2003 8:00 am Secretary of State P01000070927 **DOCUMENT #** 1. Entity Name 01-10-2003 90031 038 \*\*\*150.00 ELECTRO-OPTICAL IMAGING, INC. Principal Place of Business Mailing Address 3900 DOW ROAD 3900 DOW ROAD SUITE B SUITE B MELBOURNE FL 32934 MELBOURNE FL 32934 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3734930 Zip Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KANCILIA, JOHN R ESQ. Street Address (P.O. Box Number is Not Acceptable) 1800 WEST HIBISCUS BLVD., SUITE 138 MELBOURNE FL 32901 City 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. I am familiar with, and accept SIGNATURE 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE DOWNEY, GEORGE A JR ☐ Change Addition NAME STREET ADDRESS 756 IRONWOOD DR STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32935** CR2E034 CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change HARRIS, NATHAN A ☐ Addition NAME STREET ADDRESS 2311 STONEBRIDGE DR STREET ADDRESS CITY-ST-ZIP **ROCKLEDGE FL 32955** CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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 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

SIGNATURE:

CITY-ST-ZIP