

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90368 042 ***150.00



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------------------------------|---|--|
| DOCUMENT # P01000090881 | | | |
| 1. Entity Name LEXTAR TECHNOLOGIES, INC. | | | |
| Principal Place of Business 6503 N. MILITARY TRAIL 2308 BOCA RATON FL 33496 | | Mailing Address 6503 N. MILITARY TRAIL 2308 BOCA RATON FL 33496 | |
| 2. Principal Place of Business 6503 N. MILITARY TRAIL | | 3. Mailing Address 2308 | |
| Suite, Apt. #, etc. 2308 | | Suite, Apt. #, etc. | |
| City & State BOCA RATON | | City & State | |
| Zip 33496 | Country USA | Zip | Country |
| 6. Name and Address of Current Registered Agent MAGRISSE, ISRAEL B 11180 NW 2ND MANOR CORAL SPRINGS FL 33071 | | 4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable | |
| 7. Name and Address of New Registered Agent Name ANTHONY R FLINT Street Address (P.O. Box Number is Not Acceptable) 6503 N MILITARY TR #2308 City BOCA RATON FL Zip Code 33496 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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 ANTHONY R FLINT (NOTE: Registered Agent signature required when reinstating) DATE 10-4-02 | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: ANTHONY R FLINT | | Date 10-4-02 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # 561-8930999 | |

CR2E034 (9/01)