

7/16

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90367 005 \*\*\*150.00

**DOCUMENT # P01000105203**

1. Entity Name

MICRO HYBRIDS, INC. ✓

Principal Place of Business

1357 NE OCEAN BLVD - SUITE 315  
STUART FL 34996

Mailing Address

1357 NE OCEAN BLVD - SUITE 315  
STUART FL 34996

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

112137607

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RICHARDSON, MARTHA**  
**1357 NE OCEAN BLVD - SUITE 315**  
**STUART FL 34996**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$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 type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-------------------|--------------------------|-------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| CEO   | MARTHA RICHARDSON | 1357 NE OCEAN BLVD. #315 | STUART, FL. 34996 | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                   |                          |                   | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                   |                          |                   | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                   |                          |                   | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                   |                          |                   | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                   |                          |                   | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                   |                          |                   | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment # 40825  
Document # PO1000105203

PLEASE NOTE, THIS IS THE FIRST NOTICE  
WE RECEIVED!

SINCERELY, MARTHA RICHARDSON  
MICRO HYBRIDS, INC.