

2002 UNIFORM BUSINESS REPORT (UBR)

0002501 AT

DOCUMENT # P01000116594

1. Entity Name
MAIN TECHNOLOGIES, INC.

Principal Place of Business
1620 FOLKSTONE RD.
TALLAHASSEE FL 32312

Mailing Address
1620 FOLKSTONE RD.
TALLAHASSEE FL 32312

FILED

02 APR 24 AM 8:29

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Same

City & State
Same

Zip
32312

Country
USA

Zip
32312

Country
USA

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERLIN, WILLIAM L
1557 CRISTOBAL DR.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name
Donald Van Geete

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

1620 Folkstone Rd

City
Tallahassee, FL FL

Zip Code
32312

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
Donald Van Geete

SIGNATURE
Donald Van Geete

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 \$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.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
D GERLIN, WILLIAM L
STREET ADDRESS
1557 CRISTOBAL DR.
CITY-ST-ZIP
TALLAHASSEE FL 32303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P/S/T/D
Donald Van Geete
STREET ADDRESS
1620 Folkstone Rd
CITY-ST-ZIP
Tallahassee, FL 32312

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: Donald Van Geete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 (859) 513-0142

Date

Daytime Phone #

CR2E034 (9/01)