

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90332 016 \*\*\*150.00

**DOCUMENT # P40295**

1. Entity Name

**PEBBLE TECHNOLOGY, INC.**

Principal Place of Business

Mailing Address

**7950 E. ACOMA, SUITE 105  
SCOTTSDALE AZ 85260****7950 E. ACOMA, SUITE 105  
SCOTTSDALE AZ 85260**

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 **86-0580146**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WORK, JOHN  
123 RED CEDAR  
LONGWOOD FL 32779**Name **Sarah J. Tefft**

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

**11717 154th Rd. N.**

City

**Jupiter****FL**

Zip Code

**33478**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PTS	PERKINS, L. RONALD	7950 E. ACOMA, S-105	SCOTTSDALE AZ	<input type="checkbox"/> Delete	T	PERKINS, L. RONALD	7950 E. ACOMA, S-105	SCOTTSDALE, AZ 85260	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V	JIROVSKY, TERRY	7950 E ACOMA, S105	SCOTTSDALE AZ	<input type="checkbox"/> Delete	S	PERKINS, L. RONALD	7950 E. ACOMA S-105	SCOTTSDALE, AZ 85260	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete	D	PERKINS, L. RONALD	7950 E. ACOMA S-105	SCOTTSDALE, AZ 85260	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete	D	GRECH, JOSEPH	7950 E. ACOMA S-105	SCOTTSDALE, AZ 85260	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete	D	JONES, RICHARD ERNEST	7950 E. ACOMA S-105	SCOTTSDALE, AZ 85260	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete	D	REJTANO, FRANK	7950 E. ACOMA S-105	SCOTTSDALE, AZ 85260	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

2-9-01

Date

(480) 948-5058

Daytime Phone #

CR2E034 (10/00)