

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012341

1. Entity Name  
NUMA TECHNOLOGIES, INC.

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90003 014 \*\*\*550.00

0086238 AV

Principal Place of Business Mailing Address  
~~5551 RIDGEWOOD DR.~~ ~~5551 RIDGEWOOD DR.~~  
~~SUITE 303~~ ~~SUITE 303~~  
NAPLES FL 34108 NAPLES FL 34108  
US US

2. Principal Place of Business 3. Mailing Address  
3050 N Horseshoe Dr 3050 N Horseshoe Dr  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
198 198

City & State City & State  
Naples FL Naples FL  
Zip Zip  
34104 34104  
Country Country

4. FEI Number 65-0380736 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  
HEDSTROM, MARK D  
2220 TARPON ROAD  
NAPLES FL 34102  
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.  
SIGNATURE *Mark Hedstrom* DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 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	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULTMAN, WALTER C		NAME		
STREET ADDRESS	5551 RIDGEWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33963		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISHER, EUGENE J		NAME		
STREET ADDRESS	5272 MONROE ST.		STREET ADDRESS		
CITY-ST-ZIP	TOLEDO OH 43623		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIN, JAMES T JR.		NAME		
STREET ADDRESS	620 W. MAIN ST., STE. 320		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Mark Hedstrom* 7/31/01 (941)-591-8008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)