

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054183

1. Entity Name

FORM TECH INC.

Principal Place of Business

890 N. FEDERAL HIGHWAY
#102
LANTANA FL 33462
US

Mailing Address

890 N. FEDERAL HIGHWAY
#102
LANTANA FL 33462
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAULES, MYRA

~~8327 BUTTERFIELD LANE~~ 890 N. Federal Hwy - #102
BOCA RATON FL 33433
Lantana, FL 33462

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

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 PST ☐ Delete
NAME SAULES, MYRA
STREET ADDRESS ~~8800 SW 1 PLACE~~ 890 N. Federal Hwy - #102
CITY-ST-ZIP ~~CORAL SPRINGS FL 33065~~ Lantana, FL 33462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME SAULES, SCOTT
STREET ADDRESS ~~8800 SW 1 PLACE~~ 890 N. Federal Hwy - #102
CITY-ST-ZIP ~~CORAL SPRINGS FL 33065~~ Lantana, FL 33462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

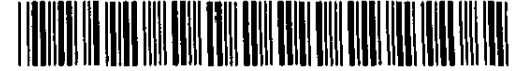
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/01
Date

561/582-4708
Daytime Phone #

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90016 009 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0457225

Applied For
Not Applicable

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

CR2E034 (10/00)

0318837