## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # P94000072108 Apr 03, 2000 8:00 am Secretary of State PULSAR TECHNOLOGIES, INC. 04-03-2000 90001 009 \*\*\*150.00 Principal Place of Business Mailing Address 4050 N.W. 121ST AVENUE 4050 N.W. 121ST AVENUE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-7612 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0523810 Not Applicable Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAY, ROGER E Street Address (P.O. Box Number is Not Acceptable) 699 N.W. 100TH WAY **CORAL SPRINGS FL 33071** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI F ☐ Change Addition ☐ Delete TITLE NAME NAME BENCKENSTEIN, JOHN R STREET ADDRESS STREET ADDRESS 4050 N.W. 121ST AVENUE CITY-ST-ZIE CITY-ST-ZIP **CORAL SPRINGS FL 33065** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME RAY, ROGER E STREET ADDRESS STREET ADDRESS 4050 N.W. 121ST AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Change ☐ Addition ☐ Delete TITLE TITLE OCHS, GARY W NAME STREET ADDRESS STREET ADDRESS 4050 N.W. 121ST AVENUE CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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.