

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90151 009 ***158.75

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DOCUMENT # P95000011159

1. Entity Name
RESONICS, INC.



Principal Place of Business
**950 N. ORLANDO AVE.
SUITE 120
WINTER PARK FL 32789
US**

Mailing Address
**P.O. BOX 4961
ORLANDO FL 32802-4961**



2. Principal Place of Business
**310 WAYMONT COURT
SUITE 104
LAKE MARY FLORIDA
32746 USA**

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3299000**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVE.
SUITE 1100
ORLANDO FL 32801**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, CHARLES B 950 N ORLANDO AVE SUITE 120 WINTER PARK FL 32789	<input type="checkbox"/> Delete	310 WAYMONT CT SUITE 104 LAKE MARY FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOBINCHUCK, ROBERT M 701 BRAZOS STREET SUITE 900 AUSTIN TX 78701	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KENT, MARK 701 BRAZOS STREET SUITE 900 AUSTIN TX 78701	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERRONE, PRESTON I 950 N. ORLANDO AVE., STE 120 WINTER PARK FL 32789	<input type="checkbox"/> Delete	310 WAYMONT CT SUITE 104 LAKE MARY FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Preston Perrone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Preston Perrone
DATE: **3/26/03**
DAYTIME PHONE #: **407 628-4544**

CR2E034 (10/02)