

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90177 004 ***550.00

DOCUMENT # P95000016847

1. Entity Name
ZEDTEC COMBUSTION SYSTEMS, INC.



Principal Place of Business

**CROSSROADS COMMONS
SUITE 203
MCMURRAY PA 15317
US**

Mailing Address

**CROSSROADS COMMONS
SUITE 203
MCMURRAY PA 15317
US**

2. Principal Place of Business

**3066 PINEY BLUFF ROAD
Suite, Apt. #, etc.
SOUTH PARK**

3. Mailing Address

**3066 PINEY BLUFF ROAD
Suite, Apt. #, etc.
SOUTH PARK**

City & State

PITTSBURGH PA 15129

City & State

PITTSBURGH PA

Zip

15129

Country

US

Zip

15129

Country

US

4. FEI Number

59-3300268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE **PD** ☐ Delete
NAME **LAMING, JOHN VICTOR**
STREET ADDRESS **BEDFORD MOUNT, BOLSTERSTONE**
CITY-ST-ZIP **SHEFFIELD S36 3ST ENGLAND**

TITLE **TD** ☐ Delete
NAME **PARKER, ANTHONY N**
STREET ADDRESS **84 CLARKHOUSE ROAD**
CITY-ST-ZIP **SHEFFIELD S10 3HJ ENGLAND**

TITLE **D** ☐ Delete
NAME **O'BRIEN, THOMAS MICHAEL**
STREET ADDRESS **7 DEN BANK AVENUE**
CITY-ST-ZIP **SHEFFIELD S10 5NZ ENGLAND**

TITLE **SD** ☐ Delete
NAME **MCQUINN, RICHARD PATRIC**
STREET ADDRESS **56 TAPTON BANK**
CITY-ST-ZIP **SHEFFIELD S10 5GH ENGLAND**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

19.5.03

CR2E034 (10/02)