

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000026169**1. Entity Name  
**M2 TECHNOLOGIES, INC.****FILED****Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90071 033 \*\*\*150.00

Principal Place of Business  
**5235 RAMSEY WAY, SUITE 17**  
**FT. MYERS FL 33907**Mailing Address  
**PO BOX 60091**  
**FT MYERS FL 33906**

2. Principal Place of Business

3. Mailing Address

**PO Box 2789**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City & State  
**Fort Myers Beach, FL**

Zip

Country

Zip  
**33932**

Country

**Lee**4. FEI Number **65-0569164**

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****FOX, MORRIS B**  
**4020 DEL PRADO BLVD., SOUTH, SUITE A-1**  
**CAPE CORAL FL 33904**

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>MORRIS, JANET</b> <b>498 ELLIOTT ROAD</b> <b>CENTERVILLE MA 02632</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>MORRIS, CHRISTOPHER</b> <b>498 ELLIOTT ROAD</b> <b>CENTERVILLE MA 02632</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

**Christopher Morris** **4-10-01**

Date

Daytime Phone #

**508-775-8734**

CR2E034 (10/00)