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

FILED Mar 25, 2002 8:00 am Secretary of State

DOCUMENT # P 960000 37580 1. Entity Name	
INDUSTRONICS, IN	K.

1. Entity Name					03-25-2002 90102 003 ***150.00			
····	INDUS	TRONIC	.s, I	NC.				
DO NOT WRITE IN THIS SPACE						497949		
	Place of Business	3. Mailing Address		1 -		427342		
347 Suite, Apt. STE -	#, etc.	547 S.W. BL NO. Suite, Apt. #, etc. STE - A			DO NOT WRITE IN THIS SPACE			
City & Stat	ETELSBURG FL	City & State		FL	4. F		plied For t Applicable	
Zip 337	Country	Zip 33703	Country	CAN	5. (Certificate of Status Desired \$8.75 Addi	itional	
				*	7. Na	ame and Address of Current Registered Agent		
	DO NOT W	DITE	Nan	KIC				
ـ محمود	DO NOT W		Stre	et Address (F	s (P.O. Box Number is Not Acceptable)			
	IN THIS SP	ACE	ع	547 S.W. BL. No.				
			City	^		NS BULL FL Zip Code	33703	
8. The above	named entity submits this statement for	the purpose of changing its	registered offic	· · · · · · · · · · · · · · · · · · ·				
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent s	ignature required	when re	einstating) DATE		
A T):	· · · · · · · · · · · · · · · · · · ·	January 1 - M				I		
Tax filing requirement and elects to do so. After May 1, 1 Amended U			1, Fee is \$556 I UBR is \$61.	is \$550.00 10. Election Campaign Financing \$5.00 May Be				
11.	OFFICERS AND I	L						
TITLE	PUST		TITLE				1 6	
1/21CIT, WITH AND			NAME STREET ADDRI	DRESS				
CITY-ST-ZIP	ST. DETE FL 33	703	CITY-ST-ZIP					
TITLE	D. ADIMA N		TITLE					
name Street address +	RICH, DOUNA N 547 SW BLNO STI	E A	NAME STREET ADDRE	ess			1	
CITY-ST-ZIP	ST. PETE. FL 337	03	CITY-ST-ZIP					
TITLE	11		TITLE					
NAME STREET ADDRESS	RICH, SCOTT B	: A	NAME STREET ADDRE	ess .				
CITY-ST-ZIP	RICH, SCOTT B 547 SW.BL. NO. STE ST. PETE. FL 3	37.03	CITY-ST-ZIP		,	DO NOT WRITE	İ	
TITLE			TITLE	7 -		IN THIS SPACE		
NAME STREET ADDRESS			NAME STREET ADDRE	:00		III IIIIO OI AOL		
CITY-ST-ZIP			CITY-ST-ZIP			-		
TITLE			TITLE			·		
NAME STREET ADDRESS			NAME STREET ADDRE	:00				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
TITLE			TITLE					
NAME			NAME expect appear					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	255				
	certify that the information supplied with	this filing does not qualify for		stated in Sec	ction 1	119.07(3)(i), Florida Statutes. I further certify that the inf egal effect as if made under oath; that I am an officer o	ormation	
indicated	on this report of supplemental report is	rue and accurate and that m	ıy sıqnature sha	an nave the S	arne le	egai eirect as il mage unger oath; that I am an officer o	a 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 on an attachment with an address, with all other like empowered.