

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90046 031 ***158.75

DOCUMENT # P96000076613

1. Entity Name
MICROTECHNIX INTERNATIONAL, INC.



Principal Place of Business
**1514 E CLEVELAND AVE
SUITE 120
EAST POINT GA 30344**

Mailing Address
**1514 E CLEVELAND AVE
SUITE 120
EAST POINT GA 30344**



2. Principal Place of Business
1514 E. Cleveland Ave.

3. Mailing Address
1514 E. Cleveland Ave.

Suite, Apt. #, etc.
Suite 120

Suite, Apt. #, etc.
Suite 120

City & State
East Point, GA

City & State
East Point, GA 30344

Zip
30344

Country
USA

Zip
30344

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3402621**

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 SOUTH 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **PETTIGREW, THOMAS M**
STREET ADDRESS **1976 DELOWE DRIVE**
CITY-ST-ZIP **ATLANTA GA 30311**

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

TITLE **STD** ☐ Delete
NAME **DAVIS, KAREN M**
STREET ADDRESS **5005 LEESHIRE TRAIL**
CITY-ST-ZIP **TUCKER GA 30084**

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

TITLE **PD** ☐ Delete
NAME **DAVIS, ROBERT E**
STREET ADDRESS **5005 LEESHIRE TRAIL**
CITY-ST-ZIP **TUCKER GA 30084**

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

TITLE **CEO** ☐ Delete
NAME **DAVIS, ROBERT E**
STREET ADDRESS **5005 LEESHIRE TRAIL**
CITY-ST-ZIP **TUCKER GA 30084**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Karen M Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 404-688-8324 x20

Date

Daytime Phone #

CR2E034 (10/02)