

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90038 035 ***150.00

DOCUMENT # P96000090829

1. Entity Name
CIRCUIT TECHNOLOGY, INC.

Principal Place of Business

PO BOX 265085
DAYTONA BCH FL 32126-5085

Mailing Address

41 MEADOW AVE
MEDFORD NY 11763
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

96 Mountain Beach

Suite, Apt. #, etc.

(Unit 201) 313 S. ATLANTIC AVE.

City & State

Daytona Beach, FL

Zip

32118

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3410322

Applied For

☒ **Not Applicable**

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, PA
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

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, 2002 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

TITLE **VTD**
NAME **FOGELSTROM, ALAN**
STREET ADDRESS **PO BOX 265085**
CITY-ST-ZIP **DAYTONA BCH FL 32126-5085**

☐ **Delete**

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT - CIRCUIT TECHNOLOGY, INC.**
NAME **ALAN FOGELSTROM**
STREET ADDRESS **P.O. BOX 617**
CITY-ST-ZIP **FARMINGVILLE, NY 11738**

☒ **Change** ☐ **Addition**

TITLE
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CITY-ST-ZIP

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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:

ALAN FOGELSTROM PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02 (631) 286-1510
 Date Daytime Phone #

CR2E034 (9/01)