

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P97000005061**

1. Entity Name

**SANTA FE TECHNOLOGIES, INC.**

Principal Place of Business

**3830 WILLIAMSBURG PK BLVD  
STE 7 OFFICE 2  
JACKSONVILLE  
32257****FL****US**

Mailing Address

**PO BOX 24481****JACKSONVILLE  
32241****US****FL**2. Principal Place of Business  
**3830 CROWN POINT ROAD**

3. Mailing Address

Suite, Apt. #, etc.  
**STE B**

Suite, Apt. #, etc.

City & State  
**JACKSONVILLE****FL**

City &amp; State

Zip  
**32257**Country  
**US**

Zip

Country

4. FEI Number

**59-3430293**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**DUFF JASON E  
3830 WILLIAMSBURG PK BLVD  
STE 7 OFFICE 2  
JACKSONVILLE  
32257****FL**

## 7. Name and Address of New Registered Agent

Name

**DUFF JASON E**

Street Address (P.O. Box Number is Not Acceptable)

**3830 CROWN POINT ROAD****STE B**

City

**JACKSONVILLE****FL**Zip Code  
**32257**

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)

**04/26/2000**

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, 2000 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 **P** ☐ Delete  
NAME **DUFF JASON E**  
STREET ADDRESS **4535 PALMETTO COVE LANE**  
CITY-ST-ZIP **JAX FL 32258**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☒ Change ☐ Addition  
NAME **DUFF JASON E**  
STREET ADDRESS **4535 PALMETTO COVE LANE**  
CITY-ST-ZIP **JAX FL 32258**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: JASON E DUFF

DATE: 04/26/2000