

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020971

1. Entity Name
CFC MICROTECHNOLGY, INC.

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90001 012 ***150.00

Principal Place of Business

Mailing Address

**1230 YESICA ANN CIRCLE
SUITE D-206
NAPLES FL 34110**

**1230 YESICA ANN CIRCLE
SUITE D-206
NAPLES FL 34110**

2. Principal Place of Business

3. Mailing Address

P.O. Box 110564

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NAPLES, FLORIDA

4. FEI Number **59-3435366**

Applied For

Not Applicable

Zip

Country

Zip

Country

34108

COLLER

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

**WILLIAMSON, KYLE N
4001 TAMiami TRAIL N STE 205
NAPLES FL 34103**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, ERIC NORMAN	
STREET ADDRESS	1230 YESICA ANN CIRCLE, STE D-206	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: **Eric Zimmerman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC ZIMMERMAN

PRES.

Date

4/25/01

Daytime Phone #

(941)

514-3111

CR2E034 (10/00)