2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000032323** 1. Entity Name AGE FILL TECHNOLOGIES, INC.

Principal Place of Business

21218 ST. ANDREWS BLVD **BOCA RATON FL 33433**

Mailing Address

PMB 236

21218 ST. ANDREWS BLVD BOCA RATON FL 33433

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	 .



05-03-2001 91145 001 ***300.00



City & Statio City & Statio Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desired \$6.75 Additional Fee Required Fee Required Fee Required Name Authority Fee Required Rame Name Steed Address of New Registered Agent City FL Zip Code City C	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
S. Certificate of Status Desired Fee Required F	City & State			City & State			4.	FEI Number 59-3441408				
MILDNER, ROY T 423 DELAWARE AVENUE FORT PIERCE FL 34950 B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. SIGNATURE	Zip		Country	Zip	Count	ry	5.					
MILDNER, ROY T 423 DELAWARE AVENUE FOR TIPERCE FL 34950 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) DATE The Code of Tries and Street Acceptable is Debter and Street Acceptable in Deb	·	6. Name	and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent						
### Addition ### ADDITIONS / Changes P. Sets Hourigan is No. Acceptable ### Addition #### Addition ##### Addition ###################################					1	Name						ł
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 9. This corporation is eligible to satisfy its intangiblo Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME STREET ADDRESS OTT-S1-2P DEERRY, ANDREW STREET ADDRESS OTT-S1-2P DEERRY, ANDREW STREET ADDRESS OTT-S1-2P DEERRY, ANDREW J Delete TITLE NAME STREET ADDRESS OTT-S1-2P Delete TITLE NAME STREET ADDRESS OTT-S1-2P Delete TITLE NAME STREET ADDRESS OTT-S1-2P Delete TITLE NAME STREET ADDRESS OTT-S1-2P Delete TITLE NAME STREET ADDRESS OTT-S1-2P Delete TITLE NAME STREET ADDRESS OTT-S1-2P Delete TITLE NAME STREET ADDRESS OTT-S1-2P Delete TITLE NAME STREET ADDRESS OTT-S1-2P TITLE NAME STREET ADDRESS OTT-S1-2P TITLE NAME STREET ADDRESS OTT-S1-2P Delete STREET ADDRESS OTT-S1-2P TITLE NAME STREET ADDRESS OTT-S1-2P TITLE NAME STREET ADDRESS OTT-S1-2P Delete STREET ADDRESS OTT-S1-2P OTT-S1-	423 DELAWARE AVENUE				Street Address (P.O. Box Number is Not Acceptable)							
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE D POLLOCK, RICHARD 21218 ST. ANDREWS BLVD. BOCA RATON FL 33433 TITLE NAME SIREET ADDRESS CITY-S1-2P DEBINA BERRY, ANDREWS 301 SE 8TH AVENUE DEERFIFLD BEACH FL 33441 Debite TITLE NAME SIREET ADDRESS CITY-S1-2P TITLE NAME SIREET ADDRESS CITY-S1-2P Debite TITLE NAME SIREET ADDRESS CITY-S1-2P TITLE SIREET ADDRESS CITY-S1-2P TITLE SIRET ADDRESS CI	FURT PIERUE FL 34950					City FL Zip Code						
Signature, product printed agent and registroute agent active in the policitus. (NOTE RegistroureAgent suprature required virtual registrout in selligible to satisfy its Intangible Tax, filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00	8. The above	named entity	y submits this statement for t	he purpose of changing its	registere	d office or	registered ag	gent, or both, in	the State of Flor	ida.		
Signature, legical protect histories degree and protective and pack in Secretary 1, 2001 Fee will be \$550.00												1
Superior provider trained agent authority (NOTE hegistered Agent superior transpraced vertication) Superior trained in Segretary (Superior transpraced vertication) Superior trained (See critication) Superior transpraced vertication (See	SIGNATURE											}
Atter MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State Secretic from Contribution Secretic from Contributio	SIGNATORE.	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registered	Agent signatu	ire required when r	einstating)		DATE		
TITLE NAME POULOCK, RICHARD 21218 ST. ANDREWS BLVD. BOCA RATON FL 33433 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2	Tax filing r	requirement a	and elects to do so.	After MAY 1, 200	01 Fee	vill be \$5	50.00				\$5. Adde	00 May Be ed to Fees
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP	portific that the	s information supplied with the		NAME STREE CITY-	T ADDRESS ST-ZIP	ad in Sastina	110 07(2)(3) 5	orido Statutos II			

empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if rest, with all other like empowered. of the corporation or the rece changed, or on an attachmen