

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90165 029 ***158.75

DOCUMENT # P97000045542

1. Entity Name
PDS TECHNOLOGIES, INC.

Principal Place of Business

6503 N MILITARY TRAIL
APT 4010
BOCA RATON FL 33496
US

Mailing Address

6503 N MILITARY TRAIL
APT 4010
BOCA RATON FL 33496
US

2. Principal Place of Business

17050 Emile Street

Suite, Apt. #, etc.

Unit # 4

City & State
Boca Raton Florida

Zip
33487

Country
U.S.A.

3. Mailing Address

17050 Emile Street

Suite, Apt. #, etc.

Unit # 4

City & State
Boca Raton, Florida

Zip
33487

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0764672

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULMAN, PETER D
6503 N MILITARY TRAIL
APT 4010
BOCA RATON FL 33496

*** Same Agent *
 New Address**

7. Name and Address of New Registered Agent

Name
Peter D. Schulman

Street Address (P.O. Box Number is Not Acceptable)
17050 Emile Street

Unit # 4

City
Boca Raton

FL

Zip Code
33487

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

Peter D. Schulman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/11/02

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 D | <input type="checkbox"/> Delete |
| NAME SCHULMAN, PETER D | * Same Agent * |
| STREET ADDRESS 6503 N MILITARY TRAIL APT 4010 | NEW Address |
| CITY-ST-ZIP BOCA RATON FL 33496 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Schulman, Peter D | |
| STREET ADDRESS 17050 Emile Street Unit #4 | |
| CITY-ST-ZIP Boca Raton, Florida 33487 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Peter D. Schulman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/02 561-866-5690

CR2E034 (9/01)