## FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am DOCUMENT # P97000047412 Secretary of State 05-16-2001 90386 040 \*\*\*150.00 TECHNOLOGICAL DIAGNOSTICS INCORPORATED Principal Place of Business PO BOX 811595 P.O. BOX 811595 BOCA RATION PL 33481 C0067461 BOCA RATUN FL33481 2. Principal Place of Business 3. Mailing Address 1115 P.O. BOX 1115 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For モト BOCA RATON BOCA RATON 65 0781312 Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired UŠA 3429 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MINE TOWNER WICHAES D TOWNER 2601 E Oaklund Park Blud #501 Street Address (P.O. Box Number is Not Acceptable) #300 Fe landerdale FZ 33306 BOCA RATON . 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. 'onne MICHAEL D'IOWNER FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS PISITID TOWNER ☐ Change **Addition** TI F PIDI S Delete MIKE TOWNER POBOX 811595 NAME 4MF 225 NE MIZNER BLUD #300 STREET ADDRESS REET ADDRESS PC 33481 BOCA RATION BOCALATON CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE L٤ NAME ME STREET ADDRESS REFT ADDRESS CITY-ST-ZIP Y-ST-ZIP Addition ☐ Change ~ 'LE ☐ Delete ΜE EET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP П Спапре Addition ☐ Delete TITLE NAME REET ADDRESS STREET ADDRESS Y-ST-ZIP CITY ST-7IP ☐ Change Addition Delete TITLE NAME STREET ADORESS **TET ADDRESS** CITY-ST-ZIP '-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS **IET ADDRESS** CITY-ST-ZIP - ST - ZIP Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3): ). Florida Statutes, I further certify that the information indicated on this report of suppliemental 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 reducted by Chapter 807. Fichida 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. MICHARL DIOWNER **GNATURE:**