

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 01, 2001 08:00 AM****Secretary of State****DOCUMENT # P97000051060**1. Entity Name
DEEP SKY TECHNOLOGIES, INC.**Principal Place of Business**

625 39TH CT SW

VERO BEACH
329684012

US

FL

Mailing Address

P O BOX 6897

VERO BEACH
329616997

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-0794121**

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 AgentWILLIS STEVEN G
625 39TH CT SWVERO BEACH
329684012

US

FL

7. Name and Address of New Registered Agent

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)

06/01/2001

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	S	<input type="checkbox"/> Delete
NAME	LEE WILLIAM K	
STREET ADDRESS	2766 1ST PLACE	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	T	<input type="checkbox"/> Delete
NAME	DOORER MARY KAYE	
STREET ADDRESS	625 39TH CT SW	
CITY-ST-ZIP	VERO BEACH FL 329684012	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIS STEVEN G	
STREET ADDRESS	625 39TH CT SW	
CITY-ST-ZIP	VERO BEACH FL 329684012	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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: STEVEN G. WILLIS

P

06/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)