2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am Secretary of State DOCUMENT # **P97000068898** 1. Entity Name STANLEY TECHNOLOGY: INC. 03-06-2002 90070 014 ***150.00 Manch Carried and . SIYMEN KEMERYY Principal Place of Business Mailing Address 8454:S US HWY 1 8454 S US, HWY, 1 PSL FL 34952 PSL FL 34952 US US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0773408 Not Applicable Country \$8.75 Additional Zip' 4 + 1, 1 Country 5. Certificate of Status Desired Fee Required የምር *የአንተ* **L** ... 1 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FARRELL, RICKEY L Street Address (P.O. Box Number is Not Acceptable) 1595 S.E. PORT ST. LUCIE BOULEVARD PORT ST. LUCIE FL 34952 Zip Code City FL 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 : 10. Election Campaign Financing 自由原理的 "人" 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01 ☐ Change Addition ☐ Delete TITLE TITLE STANLEY, KENNETH A NAME NAME 1459:SE'GRAPELAND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PT ST LUCIE FL 34952 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE STANLEY, JOHN H JR. NAME NAME 7291 SE 8TH ST STREET ADDRESS STREET ADDRESS **OKEECHOBEE FK 34974** CITY_ST_7IP CITY-ST-ZIP Addition ☐ Change Delete TITLE STANLEY, D.C. NAME NAME 899 E WEATHERBEE RD STREET ADDRESS STREET ADDRESS FT PIERCE FL 34982 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE FORE, F NAME NAME 250 TEQUEST DR. STE 302 STREET ADDRESS STREET ADDRESS TEQUESTA FL 33469 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE FARRELL, R L NAME STREET ADDRESS 1595 SE PSL BLVD STREET ADDRESS CITY-ST-ZIP PSL FL 34952 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE HANNES, ROY C NAME NAME . tacta. e 3181 NW 97TH AVE STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 CITY-ST-7IP CITY-ST-7IP 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.

SIGNING OFFICER OF DIRECTOR

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