

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90101 018 ***150.00

DOCUMENT # P97000085734

1. Entity Name
SPLASH TECHNOLOGIES, INC.

| | |
|--|---|
| Principal Place of Business 1342 S. POWERLINE RD. DEERFIELD BEACH FL 33442 | Mailing Address 1342 S. POWERLINE RD. DEERFIELD BEACH FL 33442-8125 |
|--|---|

00081373



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 1342 S. Powerline Rd Suite, Apt. #, etc. | 3. Mailing Address 1342 S. Powerline Rd Suite, Apt. #, etc. |
|---|---|

| | | | |
|------------------------------------|------------------------------------|-----------------------------|--|
| City & State Deerfield Bch., FL | City & State Deerfield Bch., FL | 4. FEI Number 65-0791655 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33442 | Country Broward | Zip 33442 | Country Broward |

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent
JOHNSON, BRUCE R
1342 S. POWERLINE RD.
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent
 Name: **SAME**
 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]* **Resper** DATE: **4/29/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP | P/T JOHNSON, BRUCE R 6296 NW 63RD WAY PARKLAND FL 33067 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS JOHNSON, JODY A 6296 NW 63RD WAY PARKLAND FL 33067 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* **Resper** DATE: **4/29/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)