## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 08:00 AM P97000098847 DOCUMENT# Entity Name **Secretary of State** ERGONOMIC ELECTRONICS, INC. Principal Place of Business Mailing Address 2601 EUSTON ROAD 11310 S. ORANGE BLOSSOM TRAIL STE 196 WINTER PARK FL ORLANDO FL 32789 32837 2. Principal Place of Business 3. Mailing Address 11310 S. ORANGE BLOSSOM TR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE 196 City & State City & State 4. FEI Number Applied For ORLANDO FL 59-3499668 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32837 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GELLNER RUSSELL GELLNER RUSSELL 2601 EUSTON ROAD Street Address (P.O. Box Number is Not Acceptable) 2601 EUSTON ROAD WINTER PARK FL32789 City Zip Code WINTER PARK 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. 04/26/2001 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 FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00. 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VPS TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition JENNIFER MAME WALLACE NAME 2601 EUSTON RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP PT ☐ Delete TITLE ☐ Change NAME GELLNER RUSSELL NAME STREET ADDRESS 2601 EUSTON RD. STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: \_\_russell w gellner 04/26/2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #