**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 19, 2002 8:00 am § Secretary of State DOCUMENT # P97000104767 1. Entity Name 05-19-2002 90179 005 \*\*\*150.00 ROANOKE TECHNOLOGY CORP. Principal Place of Business Mailing Address 539 BECKER DRIVE 539 BECKER DRIVE **ROUNOKE RAPIDS NC 27870 ROUNOKE RAPIDS NC 27870** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For OANOKE RAPIOS DANOKE 22-3558993 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired AZN Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARRICK, DAVID JR Street Address (P.O. Box Number-is Not Acceptable) 1795 E HWY 50 STE A CLERMONT FL 34711 City 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) DATE 9. This co-foration is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change CR2E034 (9/01 ☐ Addition NAME SMITH, DAVID L NAME STREET ADDRESS 539 BECKER DRIVE STREET ADDRESS CITY-ST-ZIP **ROANOKE RAPIDS NC 27870** CiTY-ST-7IP SD □ Delete TITLE ☐ Addition Change FOSTER, EDWIN E JR NAME STREET ADDRESS 539 BECKER DRIVE STREET ADDRESS CITY-ST-ZIE ROANOKE RAPIDS NC 27870 CITY-ST-ZIP TITLE **VPD** Delete TITLE Addition NAME GLENN, CANADY NAME STREET ADDRESS 539 BECKER DRIVE STREET ADDRESS CITY-ST-ZIP **ROANOKE RAPIDS NC 27870** CITY-ST-ZIP TITLE · Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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

SIGNATURE:

changed, or on an attachment

FEQUEDITION E FUSTER JR 4/25/02 2525379222

OF SIGNING OFFICER OR DIRECTOR

Date

Da