

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000158

1. Entity Name
DARCON TECHNOLOGIES, INC.

Principal Place of Business
300 SCARLET BLVD
OLDSMAR FL 34677

Mailing Address
300 SCARLET BLVD
OLDSMAR FL 34677

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0816958

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMBERT, BERNADETTE M
300 SCARLET BLVD
OLDSMAR FL 34677

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

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 PD
NAME CRANE, DELORIS M
STREET ADDRESS 300 SCARLET BLVD
CITY-ST-ZIP OLDSMAR FL 34677

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME LAMBERT, J. ALLEN
STREET ADDRESS 300 SCARLET BLVD
CITY-ST-ZIP OLDSMAR FL 34677

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ 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: J. Allen Lambert v.p. 4/27/01 83888-8993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90006 047 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)