2002 UNIFORM BUSINESS REPORT (UBR)

Mar 04, 2002 8:00 am Secretary of State DOCUMENT # P98000002026 1. Entity Name FPTA TECHNOLOGIES, INC. 03-04-2002 90036 029 ***150.00 Mailing Address Principal Place of Business 2292 WEDNESDAY ST. 2292 WEDNESDAY ST. STE 1 TALLAHASSEE FL 32308-4334 TALLAHASSEE FL 32308-4334 2. Principal Place of Business 3. Mailing Address CIRCLE CAPITAL CIRCLESE 140 CAPITAL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3508330 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREEN, ANGELA B er is Not Acceptable) PARK 125 S GADSDEN STREET **STE 200** TALLAHASSEE FL 32301 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 . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE Addition TITLE DST RICK LUBBEHUSEA NAME NAME GREEN, ANGELA B STE I STREET ADDRESS 1255 GADSDEN ST, STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32301 Delete TITLE TITLE DP NAME NAME NORRIS. LANCE STREET ADDRESS STREET ADDRESS 125 S GADSDEN ST, STE 200 CITY-ST-ZIP CITY-ST-ZIP tallāhassee fl 32301 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAMÉ MEZRAH, ALLAN STREET ADDRESS STREET ADDRESS 2011 W. CLEVELAND ST., STE A CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 ☐ Addition Delete TITLE Change TITLE NAME NAME DUPILKA, GREG STREET ADDRESS STREET ADDRESS **5447 CENTER STREET** CITY-ST-7IP CITY-ST-ZIP JUPITER FL 33458 ☐ Delete TITLE Change ☐ Addition NAME NAME HARVEY, LIN STREET ADDRESS STREET ADDRESS 1001 LAKESIDE AVE., 7TH FLOOR CITY-ST-ZIP CITY-ST-ZIP **CLEVELAND OH 44114-1195** Change TITLE ☐ Delete TITLE Addition NAME 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 impowered 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

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