2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025674

FILED
Mar 03, 2000 8:00 am
Secretary of State
03-03-2000 90186 047 ***150.00

1. Entity Name
THE PHOTONIC TECHNOLOGY COMPANY

Principal Place of Business
330 AVENIDA CENTRAL
INDIALANTIC FL 32903

Mailing Address
330 AVENIDA CENTRAL
INDIALANTIC FL 32765-9533

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 802 Live Oak Lane
Suite, Apt. #, etc.
City & State: Oviedo FL
Zip: 32765
Country

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 59-3501401 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
OLMSTEAD, TY
330 AVENIDA CENTRAL
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 802 Live Oak Lane
City: Oviedo FL Zip Code: 32765

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: Ty Olmstead — Signature, typed or printed name of registered agent and title if applicable. Ty Olmstead (NOTE: Registered Agent signature required when reinstating) DATE: 2/26/00

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	Delete
D	OLMSTEAD, TY	330 AVENIDA CENTRAL	INDIALANTIC FL 32903	☐
D	OLMSTEAD, SHAWN	330 AVENIDA CENTRAL	INDIALANTIC FL 32903	☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		802 Live Oak Lane	Oviedo FL 32765	☒	☐
		802 Live Oak Lane	Oviedo FL 32765	☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

CR2E034 (9/99)

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: Ty Olmstead — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2/26/00 — Daytime Phone #: 407 971 1283