

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/14

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90244 038 \*\*\*150.00

**DOCUMENT # P98000045427**

1. Entity Name

**ROTARY TECHNOLOGIES, INC.**

Principal Place of Business

210 NORTH GOLDENROD ROAD  
 SUITE 5  
 ORLANDO FL 32807

Mailing Address

210 NORTH GOLDENROD ROAD  
 SUITE 5  
 ORLANDO FL 32807

2. Principal Place of Business

**8034 SUNPORT DR.**

Suite, Apt. #, etc.

**408**

City & State

**ORLANDO, FL**

Zip

**32809**

Country

**ORANGE**

3. Mailing Address

**8034 SUNPORT DR.**

Suite, Apt. #, etc.

**408**

City & State

**ORLANDO, FL**

Zip

**32809**

Country

**ORANGE**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3510499**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**PEPPLER, THOMAS R ESQ.**  
 159 LOOKOUT PLACE  
 SUITE 101  
 MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

**JOSEPH NICHOLSON**

Street Address (P.O. Box Number is Not Acceptable)

**8034 SUNPORT DR # 408**

City

**ORLANDO**

FL

Zip Code

**32809**

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

*Joe Nicholson* **JOE NICHOLSON**

**6-19-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **NICHOLSON, JOSEPH A**  
 CITY-ST-ZIP **2532 WOODGATE BLVD 11-101**  
**ORLANDO FL 32822**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joe Nicholson* **JOSEPH NICHOLSON**

**4/27/01**

Date

**407-275-6400**

Daytime Phone #

CR2E034 (10/00)