

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90059 007 ***150.00

DOCUMENT # P98000059896

1. Entity Name

Diqi-Log Technologies Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4208 Bamboo Terrace

Suite, Apt. #, etc.

3. Mailing Address

4208 Bamboo Terrace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BRADENTON, FL

Zip

34210

Country

USA

City & State

BRADENTON, FL

Zip

34210

Country

USA

4. FEI Number

52-2115537

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES E. ADKINS II

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

4208 BAMBOO TERRACE

City

BRADENTON

FL

Zip Code

34210

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 corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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	DIRECTOR; VICE PRESIDENT
NAME	JAMES E. ADKINS II
STREET ADDRESS	4208 BAMBOO TERRACE
CITY - ST - ZIP	BRADENTON, FL 34210
TITLE	DIRECTOR; PRESIDENT
NAME	KENNETH W. WINTERS
STREET ADDRESS	P.O. BOX 728
CITY - ST - ZIP	MAYNARDVILLE, TN 37807
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Adkins II

Director

4/23/02

941-792-3691

Date

Daytime Phone #

CR2E034B (12/01)