FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 10, 2002 8:00 am Secretary of State DOCUMENT # P99000001220 1. Entity Name 04-10-2002 90354 024 ***158 75 EUTRON INDUSTRIES, INC. Principal Place of Business Mailing Address 3803 OCITA DRIVE 3803 OCITA DRIVE ORLANDO FL 32837 ORLANDO FL 32837 US 2. Principal Place of Business 3. Mailing Address 7616 SOUTHLAND BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1/3 ity & State City & State 4. FEI Number Applied For 65-0884970 ORLANDO Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUCCIANTI MACDANIEL, JOHN M ESQ. Street Address (P.O. Box Number is Not Acceptable) TWO SOUTH BISCAYNE BLVD. ONE BISCAYNE TOWER, SUITE 2975 **MIAMI FL 33131** DE. ging its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of charge BUCCIANTI SIGNATURE registered agent and the 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D, P. ST CR2E034 (9/01) **PST** Change TITLE ☐ Delete TITLE ☐ Addition **BUCCIANTI, LORIS** NAME NAME 3863 OCITA DRIVE 3415 TIMUĆUA CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZIP ORLANDO Addition TITLE ☐ Delete TITLE JEFF MICLANDER ☐ Change NAME 13/36 ROYAL FURN DR NAME STREET ADDRESS STREET ADDRESS ORCANDO, EL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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)