## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 01, 2002 8:00 am Secretary of State DOCUMENT # P99000008097 1. Entity Name 05-01-2002 91508 039 \*\*\*150 00 HERMES TECHNOLOGY GROUP, INC. Principal Place of Business Mailing Address 6671 WEST INDIANTOWN ROAD 6671 WEST INDIANTOWN ROAD SUITE 56-225 SUITE 56-225 JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0903140 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent: LOPATOSKY, KAREN M. Street Address (P.O. Box Number is Not Acceptable) 11891 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete CR2E034 (9/01) TITLE D K Change ☐ Addition NAME SEELEY, KENNETH W NAME SEELEY, KENNETH W STREET ADDRESS **6440 FOSTER STREET** STREET ADDRESS 8400 STONEBROOK PKWY APT 2013 CITY-ST-7IP JUPITER FL 33458 CITY-ST-ZIP FRISCO, TEXAS 75034 TITLE ☐ Delete TITLE ☐ Addition Change NAME LOPATOSKY, ALAN M NAME STREET ADDRESS 6440 FOSTER STREET STREET ADDRESS CITY-ST-ZIP JUPITER FL 33418 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

changed, or on an attachment with an address

**FILED**