

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90037 006 ***150.00

DOCUMENT # P99000009665

1. Entity Name

THE BALLISTIC PIXEL LAB INC.

Principal Place of Business

**435 DOUGLAS AVENUE
 SUITE 2705
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**435 DOUGLAS AVENUE
 SUITE 2705
 ALTAMONTE SPRINGS FL 32714**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3558731

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATHIEU, DAVID
 145 WORNALL DRIVE
 SANFORD FL 32771**

Name

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

City

FL

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]

I

(NOTE: Registered Agent signature required when reinstating)

2/20/02
 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PSD MATHIEU, DAVID**
 STREET ADDRESS **145 WORNALL DRIVE**
 CITY-ST-ZIP **SANFORD FL 32771**

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

TITLE ☐ Delete
 NAME **V KOHLER, ERIC**
 STREET ADDRESS **800 WESLEY CIR. #202**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☒ Change ☐ Addition
 NAME **EXEC V.P. KOHLER, ERIC**
 STREET ADDRESS **4858 TELSON PLACE**
 CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE ☐ Delete
 NAME **V WORLEY, DONNIE**
 STREET ADDRESS **830 BLACKLAND TERR., #308**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **800 WESLEY CIR. #302**
 CITY-ST-ZIP **APOPKA, FL 32703**

TITLE ☐ Delete
 NAME **V JOBES, GREG**
 STREET ADDRESS **8736 PISA DR., #525**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1353 WESTCHESTER AVENUE**
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 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:

[Signature] **ERIC J. KOHLER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02
 Date

407 805-7425
 Daytime Phone #

CR2E034 (9/01)