

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90025 030 ***150.00

DOCUMENT # P99000033549

1. Entity Name

FORENSIC TECHNOLOGY ASSOCIATES, INC.

Principal Place of Business

**315 S.E. MIZNER BLVD. STE. 200
 BOCA RATON FL 33432**

Mailing Address

**315 S.E. MIZNER BLVD. STE. 200
 BOCA RATON FL 33432**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0914648**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HOYER-ELLEFSEN, SIGURD
 315 S.E. MIZNER BLVD. STE. 200
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent is 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, 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

TITLE **D** ☐ Delete
 NAME **HOYER-ELLEFSEN, SIGURD**
 STREET ADDRESS **315 S.E. MIZNER BLVD. STE. 200**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **PD** ☐ Delete
 NAME **NELSON, ALBERT C**
 STREET ADDRESS **315 SE MIZNER BLVD., SUITE 200**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **VPST** ☐ Delete
 NAME **HOYER-ELLEFSEN, SIGURD**
 STREET ADDRESS **315 SE MIZNER BLVD., SUITE 200**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE:

SIGURD HOYER-ELLEFSEN

Date

Daytime Phone #

02-28-02

CR2E034 (9/01)