

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90007 011 ***558.75

DOCUMENT # P99000053053

1. Entity Name

SCORPION TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
 2550 Palm Bay Rd. 2550 Palm Bay Rd.
 Suite 211 Suite 211
 Palm Bay, FL 32909 Palm Bay, FL 32909

2. Principal Place of Business 3. Mailing Address
 630 S. Wickham Road 630 S. Wickham Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 206 Suite 206

City & State City & State
 West Melbourne, FL West Melbourne, FL

Zip Country Zip Country
 32904 U.S.A. 32904 U.S.A.

4. FEI Number 65-0932101
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

Victor S. Kostro
 1825 Riverview Drive
 Melbourne, FL 32901

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 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	<input checked="" type="checkbox"/> Delete
NAME	James Williston	
STREET ADDRESS	371 Saunders Rd., S.E.	
CITY-ST-ZIP	Palm Bay, FL 32909	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Michael Rogers	
STREET ADDRESS	500 Pavillion Dr. Northampton	
CITY-ST-ZIP	Northampton NN47YJ ENGLAND	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P, CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clayton Depue	
STREET ADDRESS	1304 N. Meade St., #11	
CITY-ST-ZIP	Arlington, VA 22209	
TITLE	D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin Moeller	
STREET ADDRESS	Papenreya 51	
CITY-ST-ZIP	D-22453 Hamburg, Germany	
TITLE	D, CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rudolf Albert	
STREET ADDRESS	Papenreya 51	
CITY-ST-ZIP	D-22453 Hamburg, Germany	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Becker	
STREET ADDRESS	Papenreya 51	
CITY-ST-ZIP	D-22453 Hamburg, Germany	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Clayton Depue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 12, 2001 703-527-6512

Date

Daytime Phone #

CR2E034 (11/00)