

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90179 013 ***150.00

DOCUMENT # P99000058659

1. Entity Name
MICROTECH DEVELOPMENT, INC.

Principal Place of Business Mailing Address
472 MERLIN CT. 472 MERLIN CT.
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-3382

2. Principal Place of Business 3. Mailing Address
1121 Lovers Lane N. Post Office Box 16572
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tallahassee, FL Tallahassee, FL
 Zip Country Zip Country
32311 USA 32317 U.S.A.

4. FEI Number Applied For
59-3584118 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BOYD, RICHARD D JR.
472 MERLIN CT.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name **Mark A. Nixon**
 Street Address (P.O. Box Number is Not Acceptable) **1121 Lovers Lane North**
 City **Tallahassee** FL Zip Code **32311**

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 **Mark A. Nixon** DATE **2-25-2000**
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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Delete BOYD, RICHARD D JR. 472 MERLIN CT. TALLAHASSEE FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete NIXON, MARK A 1121 LOVERS LANE NORTH TALLAHASSEE FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete WU, ZHENGXIAN 1750 N. POINT BLVD., #807 TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nixon, Mark A. 1121 Lovers Lane North Tallahassee, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wu, Zhengxian 1750 N. Point Blvd., #807 Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Mark A. Nixon** DATE **2-25-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)