

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058659

1. Entity Name

MICROTECH DEVELOPMENT, INC.

FILED

Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90179 013 ***150.00

Principal Place of Business

Mailing Address

472 MERLIN CT.
TALLAHASSEE FL 32301

472 MERLIN CT.
TALLAHASSEE FL 32301-3382

C0023538



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1121 Lovers Lane N.

Post Office Box 16572

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3584118

Applied For

Not Applicable

Zip Code

32311

Country

USA

Zip

32317

Country

U.S.A.

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

BOYD, RICHARD D JR.
472 MERLIN CT.
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

2-25-2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Mark A. Nixon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-2000

Date

Daytime Phone #

CR2E034 (9/99)