

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90221 032 ***150.00

DOCUMENT # P99000070569

1. Entity Name
DISTICON, INC.

Principal Place of Business
**1819 RIVERVIEW DRIVE
 MELBOURNE FL 32901**

Mailing Address
**1819 RIVERVIEW DRIVE
 MELBOURNE FL 32901**

2. Principal Place of Business
310 Lanterback Island Dr.
 Suite, Apt. #, etc.

3. Mailing Address
310 Lanterback Island Dr.
 Suite, Apt. #, etc.

City & State
Satellite Beach, FL

City & State
Satellite Beach, FL

4. FEI Number
59-3591445

Applied For
 Not Applicable

Zip
32937

Country
Brevard

Zip
32937

Country
Brevard

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

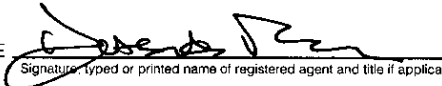
6. Name and Address of Current Registered Agent

**O'BRIEN, JAMES M
 1686 W HIBISCUS BLVD
 MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name
DOUGLASS A. PERSON, CPA, PA
 Street Address (P.O. Box Number is Not Acceptable)
1413 SO. PATRICK DRIVE, SUITE 7
 City
INDIAN HARBOUR BEACH FL 32937

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  **Douglass A. Person, CPA, PA** **4/25/02**
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, 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
GIBBONS, DONALD
 STREET ADDRESS
1819 RIVERVIEW DR
 CITY-ST-ZIP
MELBOURNE FL 32901

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ Change ☒ Addition
 NAME
Lynn Gibbons
 STREET ADDRESS
310 Lanterback Island Dr.
 CITY-ST-ZIP
Satellite Beach, FL 32937 ☐ Change ☐ Addition

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

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

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

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

TITLE
 NAME ☐ Change ☐ Addition
 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:  **Lynn Gibbons** **4/25/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)