

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000088429**Entity Name  
**KIRETSU TECHNOLOGY, INC.****FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90166 024 \*\*\*150.00

Principal Place of Business

**411 SW 68TH BLVD  
PEMBROKE PINES FL 33023**

Mailing Address

**8362 PINES BOULEVARD #303  
PEMBROKE PINES FL 33024**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0954342**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****SPEARS, LONNIE C-  
8362 PINES BOULEVARD #303  
PEMBROKE PINES FL 33024****7. Name and Address of New Registered Agent**

Name

**Lonnie C. Spears**

Street Address (P.O. Box Number is Not Acceptable)

**411 SW 68 Blvd**

City

**Pembroke Pines****FL**

Zip Code

**33023**

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, 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          | <b>P</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>SPEARS, LONNIE C</b>        |  |
| STREET ADDRESS | <b>411 SW 68 BLVD.</b>         |  |
| CITY-ST-ZIP    | <b>PEMBROKE PINES FL 33023</b> |  |
| TITLE          | <b>VP</b>                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>DUNCAN, CLINT</b>           |  |
| STREET ADDRESS | <b>140 BAILEY CT.</b>          |  |
| CITY-ST-ZIP    | <b>ZIONSVILLE IN 46077</b>     |  |
| TITLE          | <b>S</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>SPEARS, WANDA T</b>         |  |
| STREET ADDRESS | <b>411 SW 68 BLVD.</b>         |  |
| CITY-ST-ZIP    | <b>PEMBROKE PINES FL 33023</b> |  |
| 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          | <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    |   |
| 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:****Wanda T. Spears**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 5, 2002**

Date

Daytime Phone #