FILED

2002 Uniform Business Report (UBR)

changed, or on an attachment

SIGNATURE:

with an address, with all oth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 20, 2002 8:00 am DOCUMENT # P99000089950 **Secretary of State** 1. Entity Name 03-20-2002 90029 003 ***150.00 ADEPTECH, INC. Principal Place of Business Mailing Address 7304 SWALLOW RUN 7304 SWALLOW RUN WINTER PARK FL 32792-6575 WINTER PARK FL 32792-6575 2. Principal Place of Business 3. Mailing Address 25O WILSHIRE BLYD 250 WILSHIRE BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 110 Suite 110 City & State City & State 4. FEI Number Applied For 59-3604231 CASSELBERRY, CASSELBERRY Not Applicable 32707 Country Country \$8.75 Additional 5. Certificate of Status Desired USA usp Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name tarrisa HARRISON. DEVITT Street Address (P.O. Box Number is Not Acceptable) POINTS AVE TUSCANY 7304 SWALLOW RUN WINTER PARK FL 32792-6575 Zip Code 32807 ORLANDO 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition CR2E034 (9/01) TITLE ☐ Delete TITLE HARRISON DEVITT NAME HARRISON, DEVITT NAME 153 TUSCANY POINTE AVE STREET ADDRESS 7304 SWALLOW RUN STREET ADDRESS WINTER PARK FL 32792-6575 CITY-ST-ZIP ORLANDO, FL 32807 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME" STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITI F ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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