

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90004 023 ***150.00

DOCUMENT # P99000100313

1. Entity Name

B. ORBITAL TECHNOLOGIES, INC.

Principal Place of Business

**6916 NW DOROTHY
 PORT ST. LUCIE FL 34983**

Mailing Address

**6916 NW DOROTHY
 PORT ST. LUCIE FL 34983**

448228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0967856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RYSKAMP, PATRICK W ESQ.
 200 SOUTH ORANGE AVE.
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DST CRONWELL, MICHELLE	<input type="checkbox"/> Delete
STREET ADDRESS	4227-B WOODS EDGE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE NAME	DV JOLLY, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS	4227-B WOODS EDGE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE NAME	P CROMWELL, CHAD	<input type="checkbox"/> Delete
STREET ADDRESS	4227-B WOODS EDGE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE NAME	T CANNATA, CHRISTOPHER M	<input type="checkbox"/> Delete
STREET ADDRESS	6916 NW DOROTHY ST	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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: **Chris Cannata** **4-26-02** **772-971-7763**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #