

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91301 021 ***158.75

DOCUMENT # S81906

1. Entity Name
CHAPMAN TECHNOLOGIES, INC.

Principal Place of Business

**5200 TOWN CENTER CR
 STE 550
 BOCA RATON FL 33486
 US**

Mailing Address

**5200 TOWN CENTER CR
 STE 550
 BOCA RATON FL 33486
 US**

2. Principal Place of Business

2255 GLADES ROAD

3. Mailing Address

2255 GLADES ROAD

Suite, Apt. #, etc.

444 W

Suite, Apt. #, etc.

444 W

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33431

Country

U.S.

Zip

33431

Country

U.S.

4. FEI Number **65-0365013**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RACKAWKAN, SARUNAS
 5200 TOWN CENTER CR STE 550
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **SARUNAS RACKAUSKAS**

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

2255 GLADES RD., STE 444W

City **BOCA RATON**

FL

Zip Code **33431**

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 **SARUNAS RACKAUSKAS**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] **4/29/02**

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 **DP** ☐ Delete
 NAME **CHAPMAN, ROBERT W.**
 STREET ADDRESS **5200 TOWN CENTER CIR STE 550**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **ST** ☒ Delete
 NAME **CHAPMAN, CLAUDETTE**
 STREET ADDRESS **1100 SW 20 AV**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/C** ☒ Change ☐ Addition
 NAME **CHAPMAN, ROBERT W.**
 STREET ADDRESS **2255 GLADES RD. STE 444W**
 CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **S** ☐ Change ☒ Addition
 NAME **RACKAUSKAS, SARUNAS**
 STREET ADDRESS **2255 GLADES ROAD STE 444W**
 CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **P** ☐ Change ☒ Addition
 NAME **LAURENCE SACK**
 STREET ADDRESS **2255 GLADES ROAD, STE 444W**
 CITY-ST-ZIP **BOCA RATON, FL 33431**

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

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

TITLE ☐ Change ☐ 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: **ROBERT W. CHAPMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **4/29/02**
 Daytime Phone

CR2E034 (9/01)