

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**  
 03-09-2001 90495 031 \*\*\*150.00

**DOCUMENT # V20482**

**1. Entity Name**  
**BOCA MICROTECHNOLOGY, INC.**

**Principal Place of Business**

**980 N. FEDERAL HIGHWAY  
 #442  
 BOCA RATON FL 33432  
 US**

**Mailing Address**

**980 N. FEDERAL HIGHWAY  
 #442  
 BOCA RATON FL 33432  
 US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

#203

Suite, Apt. #, etc.

#203

City & State

City & State

**4. FEI Number** 65-0316397

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**YOUNG, DAVID L  
 980 N. FEDERAL HIGHWAY  
 STE 442  
 BOCA RATON FL 33432**

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** \_\_\_\_\_ (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, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	CP	<input type="checkbox"/> Delete
NAME	YOUNG, DAVID L	
STREET ADDRESS	980 N FEDERAL HWY #442	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, WILLIAM L	
STREET ADDRESS	980 N FEDERAL HWY #442	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, ROBERT S	
STREET ADDRESS	980 N FEDERAL HWY #442	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	PACTRIDGE, STEVEN	
STREET ADDRESS	980 N FEDERAL HWY #442	
CITY-ST-ZIP	BOCA RATON FL 33432	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)