## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 08, 2001 8:00 am **DOCUMENT # V30049 Secretary of State** 1. Entity Name OLTRONICS, INC. 02-08-2001 90379 044 \*\*\*158.75 Principal Place of Business Mailing Address 4303 VINELAND, RD 4303-VINELAND-RD ORLÁNDO FL 32811 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address 4307 VINELAND VINICIAND CD 4307 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 22-2763057 MIRALDU Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OLIVER, ROBERT N Street Address (P.O. Box Number is Not Acceptable) 4307 VINIE (AND ROAD) 4303 VINELAND RD F-6 Sv.10 H-11 ORLANDO FL 32811 Zip Code ONLAMPO 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE TITLE ☐ Delete NAME NAME OLIVER, ROBERT N. 4307 VINELAND RODP - H-11 STREET ADDRESS STREET ADDRESS 4303-VINELAND-RD-F-6---CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL-32811 --TITLE ☐ Delete TITLE STD NAME NAME OLIVER, MOUNTREY 4307 VINEIRND ROAD STREET ADDRESS STREET ADDRESS 4303-VINELAND RD F-6 -ONLANDO FL 32811 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL:32811---☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE 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 TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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

1/31/01 407 899-0040