

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 8:00 am**
Secretary of State

04-03-2001 90110 046 ***158.75

DOCUMENT # V35435

1. Entity Name

I/O TEST, INC.

Principal Place of Business

**4717 W. ESTRELLA ST
TAMPA FL 33629
US**

Mailing Address

**4717 W. ESTRELLA ST
TAMPA FL 33629
US**

2. Principal Place of Business

3. Mailing Address

2189 Timber Valley**1788 Grand Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Grand Rapids, MI

Zip

Country

Zip

Country

49525

4. FEI Number

65-0332149

Applied For

Not Applicable

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

**MEDINA, CARLOS A
4717 W. ESTRELLA ST
TAMPA FL 33629**

Name

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

2189 Timber Valley

City

Grand Rapids, MI

Zip Code

49525

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

Calvin Medina President**1-23-01**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
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Delete
NAME	MEDINA, CARLOS	
STREET ADDRESS	4717 W. ESTRELLA ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MEDINA, CARLOS	
STREET ADDRESS	4717 W. ESTRELLA ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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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 #

Calvin Medina President**1-23-01****813-281-9200****4-14-01****813-281-9200**

CR2E034 (10/00)