

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
 03-02-2000 90179 013 ***150.00

DOCUMENT # P99000058659
 1. Entity Name
MICROTECH DEVELOPMENT, INC.

Principal Place of Business Mailing Address
472 MERLIN CT. TALLAHASSEE FL 32301 **472 MERLIN CT. TALLAHASSEE FL 32301-3382**

2. Principal Place of Business 3. Mailing Address
1121 Lovers Lane N. Post Office Box 16572
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Tallahassee, FL Tallahassee, FL
 Zip Country Zip Country
32311 USA 32317 U.S.A.

C0029538

 DO NOT WRITE IN THIS SPACE
 4. FEI Number **59-3584118** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BOYD, RICHARD D JR.
472 MERLIN CT.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name **Mark A. Nixon**
 Street Address (P.O. Box Number is Not Acceptable) **1121 Lovers Lane North**
 City **Tallahassee** FL Zip Code **32311**

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 **Mark A. Nixon** (NOTE: Registered Agent signature required when reinstating) DATE **2-25-2000**

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, 2000 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	PTD	<input checked="" type="checkbox"/> Delete
NAME	BOYD, RICHARD D JR.	
STREET ADDRESS	472 MERLIN CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NIXON, MARK A	
STREET ADDRESS	1121 LOVERS LANE NORTH	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WU, ZHENGXIAN	
STREET ADDRESS	1750 N. POINT BLVD., #807	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nixon, Mark A.	
STREET ADDRESS	1121 Lovers Lane North	
CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wu, Zhengxian	
STREET ADDRESS	1750 N. Point Blvd., #807	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: **Mark A. Nixon** DATE: **2-25-2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)