2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9900001303 1. Entity Name

FILED Jan 23, 2001 8:00 am Secretary of State

Jan. 9, 2001 903/509-9850

COM-TECH RESOURCES, INC.						01-23-2001 90066 005 ***150.00					
-	ce of Business 7 STREET, SUITE A 3	Mailing Address 3709 WESTWAY STREET. SUITE A TYLER TX 75703				D0006497					
2. Principal P	Place of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4.	FEI Number	75-23769	947		Applied For]
Zip Country		Zip Coun		ry	5.	Certificate of	Status Desire	ġ □	\$8.75 / Fee Requ	Additional	1
<u> </u>	6. Name and Address of Current F	legistered Agent		<u> </u>	7.	Name and Ac	Idress of Ne	w Registere			┤ `
						. · · · · · · · · · · · · · · · · · · ·			<u> </u>		1
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Address			s (P.O. Box Number is Not Acceptable)					
				City		-		F	Zip C	ode	1
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or r	egistered a	gent, or both,	in the State of	Florida.			1.
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	E: Registered	Agent signatur	e required when	reinstating)		DATE			
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St			0.00	1	on Campaign Fund Contrib	_		.00 May Be ded to Fees	1
_11.	OFFICERS AND E	DIRECTORS	12.		Al	DDITIONS/CH	IANGES TO	OFFICERS AN	ND DIRECTO	ORS IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TIPPLE, RALPH H 3709 WESTWAY STREET, SUITE A TYLER TX 75703	, Delete		T ADDRESS	3709 W	, RALPH ESTWAY S	STREET,	SUITE	∏ Chang A	e 🗌 Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS _CITY-ST-ZIP	VP TIPPLE, PHYLLIS A 3709 WESTWAY STREET, SUITE A TYLER TX 75703	☐ Delete		ET ADDRESS	VZD TIPPLE 3709 W	, PHYLLI ESTWAY S	IS A	SUITE	∏ Chang A	e Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•	T ADDRESS	S∠D SHEW, : 3709 WI	TAMMY M. ESTWAY S	STREET,	SUITE	☐ Chang	e 🙀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS	D XXXXXX 3709 W	XXXXX GO ESTWAY S	OATES, E			e 🔯 Addition	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	4	T ADDRESS	D HOEFFNI 3709 WI	TX. 757 ER, BRAI ESTWAY S	OTREET,	SUITE	☐ Chang	e 🙀 Addition	
TITLE NAME STREET ADDRÉSS CITY-ST-ZIP		☐ Delete			I XIIIIK)	TX. 757	·••		Chang	e 🔲 Addition	1
indicated of the cor	certify that the information supplied with to on this report or supplemental report is poration or the receiver or trustee empore, or on an attachment with an address, we	rue and accurate and that r vered to execute this report	ny signatu as require	ure shall ha	ve the same	legal effect as	s if made und	er oath; that	I am an office	er or director	1