

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90188 005 ***150.00

DOCUMENT # 415192

1. Entity Name
 ORLANDO TECHNOLOGY, INC.

Principal Place of Business
 4565 Commercial Drive
 Suite A
 Niceville, FL 32578

Mailing Address
 4565 Commercial Drive, #A
 Niceville, FL 32578

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
 59-1428374

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Daniel A. Matuska
 4565 Commercial Drive, Suite A
 Niceville, FL 32578

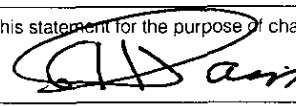
7. Name and Address of New Registered Agent

Name
 George H. Pain

Street Address (P.O. Box Number is Not Acceptable)
 10101 - 9th Street North

City St. Petersburg, FL Zip Code 33716

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  George H. Pain DATE 4/5/00

Signature, typed or printed name of registered agent and title if applicable

(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, 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	President/Treasurer	<input type="checkbox"/> Delete
NAME	Daniel A. Matuska	
STREET ADDRESS	4565 Commercial Drive, Ste. A	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	Corporate Secretary	<input type="checkbox"/> Delete
NAME	Lisa A. Adams	
STREET ADDRESS	4565 Commercial Drive, Ste. A	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	Asst. Corporate Secretary	<input type="checkbox"/> Delete
NAME	John W. Hudkins	
STREET ADDRESS	10101 - 9th Street North	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	Asst. Corporate Secretary	<input type="checkbox"/> Delete
NAME	George H. Pain	
STREET ADDRESS	10101 - 9th Street North	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	Asst. Treasurer	<input type="checkbox"/> Delete
NAME	Stephen C. Curley	
STREET ADDRESS	10101 - 9th Street North	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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:  George H. Pain DATE 4/5/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/99)