

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90123 013 \*\*\*150.00

<b>DOCUMENT # H65401</b>	
1. Entity Name <b>CONCORDE TECH, INC.</b>	
Principal Place of Business <b>1621 DOLPHIN DR LAKELAND FL 33801 US</b>	Mailing Address <b>1621 DOLPHIN DR LAKELAND FL 33801-7018 US</b>
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2622241</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>ELLIS, FRED 1013 S PENN LAKELAND FL 33801</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GOOBOLDT, ROBERT E 1351 WALKER CT LAKELAND FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GODBOLDT, PAMELA L 1351 WALKER CT. LAKELAND FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HUA LIU JENG, 1621 DOLPHIN DR LAKELAND FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ABLONOI, JENNIFER R 1475 WOODLAKE DRIVE #209 LAKELAND FL 33803</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>(CORRECTION OF SPELLING)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ELLIS SR., CHARLES D 1621 DOLPHIN DRIVE LAKELAND FL 33801</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M ELLIS JR, CHARLES D 129 MILLERS TERRACE DRIVE ST MARYS GA 31558</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Charles D. Ellis Sr* **CHARLES D. ELLIS SR** **3/15/00** **863**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)