

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J99542

1. Entity Name
INTERACTIVE TECHNOLOGIES, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90099 013 ***150.00

Principal Place of Business

Mailing Address

300 GOLF BROOK CIRCLE
 204
 LONGWOOD FL 32779-6113
 US

300 GOLF BROOK CIRCLE
 204
 LONGWOOD FL 32779-6113
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3509 MOUNT BERWICK DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
3509 MOUNT BERWICK DRIVE
 Suite, Apt. #, etc.

City & State
Apopka FL
 Zip
FL 32712-4742 Country
US

City & State
Apopka, FL
 Zip
32712-4742 Country
US

4. FEI Number **65-0144438** 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

JOHNSTON, ROBERT G.
1720 N.W. RIVER TRAIL
STUART FL 34994

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. (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete JOHNSTON, ROBERT G., JR. 300 GOLF BROOK CIRCLE LONGWOOD FL	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3509 MOUNT BERWICK DRIVE Apopka, FL 32712-4742
TITLE V	<input type="checkbox"/> Delete JOHNSTON, TODD L. 5667 BLANCHARD PL SUGAR HILL GA 30518	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V	<input type="checkbox"/> Delete JOHNSTON, ROBERT G. 1720 N.W. RIVER TRAIL STUART FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VSTD	<input type="checkbox"/> Delete JOHNSTON, DAWN T 300 GOLF BROOK CIRCLE #204 LONGWOOD FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3509 MOUNT BERWICK DRIVE Apopka, FL 32712-4742
TITLE <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <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: *Dawn T Johnston* **DAWN T JOHNSTON** **04/10/00** **407-880-8180**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)