

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J99542

FILED
Mar 06, 2003
Secretary of State

Entity Name: INTERACTIVE TECHNOLOGIES, INC.

Current Principal Place of Business:

3509 MOUNT BERWICK DR.
APOPKA, FL 327124742 US

New Principal Place of Business:

Current Mailing Address:

3509 MOUNT BERWICK DR.
APOPKA, FL 327124742 US

New Mailing Address:

FEI Number: 65-0144438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSTON, ROBERT G., JR.
Address: 3509 MOUNT BERWICK DR.
City-St-Zip: APOPKA, FL 327124742

Title: V (X) Delete
Name: JOHNSTON, TODD L.,
Address: 6489 MOBILIS CT
City-St-Zip: SUGAR HILL, GA 30518

Title: V () Delete
Name: JOHNSTON, ROBERT G.,
Address: 1720 N.W. RIVER TRAIL
City-St-Zip: STUART, FL

Title: VSTD () Delete
Name: JOHNSTON, DAWN T
Address: 3509 MT. BERWICK DR.
City-St-Zip: APOPKA, FL 327124742

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN T JOHNSTON

V

03/06/2003

Electronic Signature of Signing Officer or Director

_____ Date