2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K61424**

1. Entity Name

MONITORING & ANALYSIS TECHNOLOGIES, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90230 045 ***150.00

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	ice of Business GREENOCK DR. FL 34450	3	P.O.	Mailing Address P.O. BOX 76142 ST PETERSBURG FL 33734) (2019))) die omal hen alon		aldır biayı alalı	818 71 3 1817 1887	
2. Principal	Place of Busine	ess	3. Ma	3. Mailing Address								
Suite, Apt	t. #, etc.		Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	ite		City	City & State				4. FEI Number 59-2928323 Applied For				
Zip Country			Zip	Zip Count			5.	5. Certificate of Status Desired S8.75 Additional Fee Required				e
	6. Name	and Address of Cu	ırrent Register	ed Agent	1		7	Name and Address of New	Popletore	•	-	-
SMITH, H.	. STRATTON,					Name		Nume and Address of New	negisterei	Agent	''25' '	-
	r azeele st			Street Addre			s (P.O. Box Number is Not Acceptable)					\exists
TAMPA FL		NECI						·	·			4
							ity			FL Zip Code		
8. The above the obligat	named entity tions of registe	submits this statem red agent.	nent for the purp	ose of changing its	s registere	d office or regis	tered ag	gent, or both, in the State of F	lorida. I an	n familiar with	, and accept	1
SIGNATURE .		printed name of registered	d agent and title if age	licable. (NO	F: Benisteren	Agent signature requi	irad when a	opingtation)				
				1401	L. negistered	Agent signature redu	iirea when n	reinstating)	DATE			
After	r May 1, 2003	FEE IS \$150.00 Fee will be \$550	0.00					Election Campaign F Trust Fund Contribut	•		00 May Be	7
	C Payable to	Florida Departme	ent of State					Must rund Continue	IOH.	⊔ Adde	d to Fees	ł
10.		OFFICERS	AND DIRECTO	RS	11.		ΑĈ	DDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 11	\dashv
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IAME					NAME					Change	☐ Addition	1
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2. I hereby ce	ertify that the in	formation supplied	with this filling o	loes not qualify for	the exem	otion stated in S	ection 1	19 07/3Vi) Florida Statutes	l forethan ==	A16 . A15 . A 415		1

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

den Date

Daytime Phone #