

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91302 010 ***150.00

DOCUMENT # P93000002338

1. Entity Name

APPLIED MANAGEMENT TECHNOLOGIES, INC.

Principal Place of Business

366 E GRAVES AVE
 STE A
 ORANGE CITY FL 32763
 US

Mailing Address

366 E GRAVES AVE
 STE A
 ORANGE CITY FL 32763
 US

2. Principal Place of Business

784 Willow Crest St.

3. Mailing Address

784 Willow Crest St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange City, FL

City & State

Orange City, FL

4. FEI Number

59-3156480

Applied For

Not Applicable

Zip

32763

Country

Volusia

Zip

32763

Country

Volusia

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLER, BRUCE M
784 WILLOW CREST STREET
ORANGE CITY FL 32763

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

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	WELLER, BRUCE M.	
STREET ADDRESS	784 WILLOW CREST ST.	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WELLER, NOREEN S.	
STREET ADDRESS	784 WILLOW CREST ST	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Noreen S. Weller* **Noreen S. Weller**

4/29/01

386-715-6865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)