

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90341 031 ***150.00

DOCUMENT # P93000085568

1. Entity Name
MARTIN CHAUFFE TECHNOLOGY, INC.

Principal Place of Business 102 ARMERICA ST ORLANDO FL 32801 US	Mailing Address P.O. BOX 3546 ORLANDO FL 32802-3546 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3212374**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**MARTIN, JASPER R
 7283 HAWKSNEST
 ORLANDO FL 32835**

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 _____ (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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input checked="" type="checkbox"/> Delete	D	ORNELL, TIMOTHY J	2300 SWEETWATER COUNTRY CLUB PL. APOPKA FL 32712	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	MARTIN, JASPER R	7283 HAWKSNEST ORLANDO FL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	CHAUFFE, ROBERT P	7208 HAWKSNEST BLVD. ORLANDO FL 32835	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>

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: *Robert P. Chauffe* **4-27-2000** **407-873-0074**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)