

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030500

1. Entity Name

1 NATION TECHNOLOGY CORP.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90222 043 ***150.00

Principal Place of Business

12704 DUPONT CIRCLE
TAMPA FL 33626

Mailing Address

P.O. BOX 12218
OLDSMAR FL 34677-6801

2. Principal Place of Business

4027 Tampa Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 3000

City & State
Oldsmar FL

City & State

4. FEI Number 59-3308612

Applied For
Not Applicable

Zip
34677

Country
Pinellas

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

KEY, DAVID B
12704 DUPONT CIRCLE
TAMPA FL 33626

Name Key, David B

Street Address (P.O. Box Number is Not Acceptable)

4027 Tampa Rd

Suite 3000

City Oldsmar

FL

Zip Code 34677

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, 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	P	☐ Delete
NAME	MCKAY, RICHARD E	
STREET ADDRESS	12704 DUPONT CIRCLE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	V	☐ Delete
NAME	JAFFE, MICHAEL	
STREET ADDRESS	12704 DUPONT CIRCLE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	D	☐ Delete
NAME	KEY, DAVID B	
STREET ADDRESS	12704 DUPONT CIRCLE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	4027 Tampa Rd Suite 3000
CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	4027 Tampa Rd Suite 3000
CITY-ST-ZIP	Oldsmar FL 34677
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	4027 Tampa Rd. Suite 3000
CITY-ST-ZIP	Oldsmar FL 34677
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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)(j), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

Date

813-855-8850

Daytime Phone #

CR2E034 (9/99)