

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90221 041 \*\*\*150.00

**DOCUMENT # P98000039892**

1. Entity Name

**FORTUNE TECHNOLOGIES, INC.**

Principal Place of Business

Mailing Address

2519 N. OCEAN BLVD. #411  
 BOCA RATON FL 33431

2519 N. OCEAN BLVD. #411  
 BOCA RATON FL 33445-6910

2. Principal Place of Business

*2105 Spring Harbor Drive*

3. Mailing Address

*2105 M Spring Harbor Dr.*

Suite, Apt. #, etc.

*#M*

Suite, Apt. #, etc.

City & State

*Delray Beach*

City & State

*Delray Beach*

4. FEI Number

**65-0835639**

Applied For

Not Applicable

Zip

*33445*

County

*P.B.*

Zip

*33445*

County

*P.B.*

5. Certificate of Status Desired

*NO*

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PEARLSTONE, GREG**  
 2519 N. OCEAN BLVD. #411  
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **PEARLSTONE, GREGORY**  
 Street Address (P.O. Box Number is not acceptable) **2105 M SPRING HARBOR DR.**  
 City **DELRAY BEACH** FL Zip **33445**

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

*GREGORY D. PEARLSTONE - PRES.*

*Gregory D. Pearlstone - PRES 1/25/2000*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> PEARLSTONE, GREG 2519 N. OCEAN BLVD. #411 BOCA RATON FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> GREGORY PEARLSTONE 2105 M SPRING HARBOR DR. DELRAY BEACH, FL. 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Gregory D. Pearlstone - Pres.*

*1/25/2000*

*561-243-9352*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*/\$1500 OK*

CR2E034 (9/99)