2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

May 14, 2002 8:00 am Secretary of State P98000039892 DOCUMENT # 1. Entity Name 05-14-2002 90317 027 ***150.00 FORTUNE TECHNOLOGIES, INC. Mailing Address Principal Place of Business 2105 SPRING HARBOR DRIVE 2105 SPRING HARBOR DRIVE DELRAY BEACH FL 33445 **DELRAY BEACH FL 33445** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0835639 Not Applicable \$8,75 Additional Zip Zip PAUN BEAU 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEARLSTONE, GREGORY Street Address (P.O. Box Number is Not Acceptable) 2105 SPRING HARBOR DRIVE **DELRAY BEACH FL 33445** Zip Code City purpose of changing its registered office or registered agent, or both, in the State of Florida. tily submits this stat 8. The above named SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME PEARLSTONE, GREG NAME STREET ADDRESS 2105 M SPRING HARBOR DRIVE STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33445** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE - - - 79 Change ☐ Delete TITLE " NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 repeiver or trustee empty ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED