

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90009 040 ***150.00

DOCUMENT # F97000000212

1. Entity Name

FORTRESS TECHNOLOGIES INC. OF FLORIDA

945643



DO NOT WRITE IN THIS SPACE

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| Principal Place of Business 2701 N ROCKY POINT DR STE 650 TAMPA FL 33607 US | Mailing Address 270 N ROCKY POINT DR STE 650 TAMPA FL 33607 US |
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|--|----------------------------|--|----------------------------|
| 2. Principal Place of Business 4025 TAMPA ROAD Suite, Apt. #, etc. Suite 1111 City & State OLDSMAR, FL Zip 34677 | Country Pinellas | 3. Mailing Address 4025 TAMPA ROAD Suite, Apt. #, etc. Suite 1111 City & State OLDSMAR, FL Zip 34677 | Country Pinellas |
|--|----------------------------|--|----------------------------|

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| 4. FEI Number 11-3273884 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE CS | <input type="checkbox"/> Delete FRIEDMAN, AHARON STREET ADDRESS 270 N ROCKY POINT DR STE 650 CITY-ST-ZIP ENGLEWOOD CLIFFS NJ 07632 | TITLE C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4025 TAMPA RD. (#1111) STREET ADDRESS OLDSMAR, FL 34677 CITY-ST-ZIP |
| TITLE CT | <input type="checkbox"/> Delete SAVAS, ANDREW STREET ADDRESS 2701 N ROCKY POINT DR STE 650 CITY-ST-ZIP ENGLEWOOD CLIFFS NJ 07632 | TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4025 TAMPA RD. (#1111) STREET ADDRESS OLDSMAR, FL 34677 CITY-ST-ZIP |
| TITLE D | <input type="checkbox"/> Delete BEARD, JOSEPHUS STREET ADDRESS 2701 N ROCKY POINT DR STE 650 CITY-ST-ZIP ENGLEWOOD CLIFFS NJ 07632 | TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4025 TAMPA RD. (#1111) STREET ADDRESS OLDSMAR, FL 34677 CITY-ST-ZIP |
| TITLE D | <input checked="" type="checkbox"/> Delete D'AMORE, MICHAEL STREET ADDRESS 2701 N ROCKY POINT DR STE 650 CITY-ST-ZIP ENGLEWOOD CLIFFS NJ 07632 | TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John J. Omlor STREET ADDRESS 4025 TAMPA RD. (#1111) CITY-ST-ZIP OLDSMAR, FL 34677 |
| TITLE P | <input checked="" type="checkbox"/> Delete WEADOCK, RAYMOND L STREET ADDRESS 2701 N ROCKY POINT DR STE 650 CITY-ST-ZIP ENGLEWOOD CLIFFS NJ 07632 | TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kenneth Gekbin STREET ADDRESS 4025 TAMPA RD. (#1111) CITY-ST-ZIP OLDSMAR, FL 34677 |
| TITLE V | <input type="checkbox"/> Delete SIMPSON JANET L STREET ADDRESS 2701 N ROCKY POINT DR STE 650 CITY-ST-ZIP TAMPA FL 33607 | TITLE V, T, S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KUMPA JANET L. STREET ADDRESS 4025 TAMPA RD. (#1111) CITY-ST-ZIP OLDSMAR, FL 34677 |

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: *Janet L. Kumpa* **REQUIRED** 4/18/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)