

6/26/01-90006-026-\$150.00-\$150.00

# 71 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045730

1. Entity Name  
BERGONDY TECHNOLOGIES, INC. ✓

FILED  
01 NOV -2 PM 5: 20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
AUG 18 2001

Principal Place of Business  
2100 ELIZABETH AVENUE  
ORLANDO FL 32804

Mailing Address  
2100 ELIZABETH AVENUE  
ORLANDO FL 32804

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

4. FEI Number  
59-3644307  
Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BERGONDY, DAN  
2100 ELIZABETH AVENUE  
ORLANDO FL 32804

7. Name and Address of New Registered Agent  
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: *[Signature]* DATE: 10/31/2001

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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	PSTD BERGONDY, DAN 2100 ELIZABETH AVENUE ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 2001

700004717417-5  
-12/10/01--01112--008  
\*\*\*\$600.00 \*\*\*\$600.00

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: *[Signature]* DATE: 10/31/2001 DAY/TIME PHONE #: 407 422 0833