

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90119 028 \*\*\*150.00

**DOCUMENT # F97000000212**

1. Entity Name

**FORTRESS TECHNOLOGIES INC. OF FLORIDA**



Principal Place of Business

**4025 TAMPA RD SUITE 1111  
OLDSMAR  
OLDSMAR FL 34677  
US**

Mailing Address

**4025 TAMPA RD SUITE 1111  
OLDSMAR  
OLDSMAR FL 34677  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**11-3273884**

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCTO FREIDMAN, DR AHARON 4025 TAMPA RD (#1111) OLDSMAR FL 34677</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BEARD, JOSEPHUS 4025 TAMPA RD (#1111) OLDSMAR FL 34677</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GERBINO, KENNETH 4025 TAMPA RD (#1111) OLDSMAR FL 34677</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GUILBAULT, ROLAND G 4025 TAMPA RD (#1111) OLDSMAR FL 34677</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D IBARGUEN, ANTHONY 4025 TAMPA RD (#1111) OLDSMAR FL 34677</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WALLACE, THOMAS 4025 TAMPA RD (#1111) OLDSMAR FL 34677</b>	<input checked="" type="checkbox"/> Delete

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
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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

*See Attached*

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Signature of Thomas Wallace**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/17/03 8132887388**  
Date Daytime Phone #

CR2E034 (10/02)

Attachment

90030273  
# F97000000212

2003 UNIFORM BUSINESS REPORT

**DOCUMENT # F97000000212**

Fortress Technologies, Inc. of Florida

Line 11 - Officers and Directors

Title Director, President and CEO  
Name Shawn R. Hughes  
Street Address 4025 Tampa Road (#1111)  
City, St, Zip Oldsmar, FL 34677

Title CFO  
Name Susan K. Venner  
Street Address 4025 Tampa Road (#1111)  
City, St, Zip Oldsmar, FL 34677

Title COO  
Name Janet L. Kumpu  
Street Address 4025 Tampa Road (#1111)  
City, St, Zip Oldsmar, FL 34677

Title Secretary  
Name Alan Ederer  
Street Address 4025 Tampa Road (#1111)  
City, St, Zip Oldsmar, FL 34677

Title Director  
Name Roland G. Guilbault  
Street Address 4025 Tampa Road (#1111)  
City, St, Zip Oldsmar, FL 34677

Title Director  
Name Tom Greig  
Street Address 1370 Avenue of the Americas  
City, St, Zip New York, NY 10019

Title Director  
Name Steve Fisher  
Street Address 1370 Avenue of the Americas  
City, St, Zip New York, NY 10019