

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 09, 2001 8:00 am**
Secretary of State

05-09-2001 90005 032 ***158.75

DOCUMENT # F00000005122

1. Entity Name

FORTUNE AUTOMATION, INC.

Principal Place of Business

**15251 ROSSEVELT BLVD., STE #209
CLEARWATER FL 33760**

Mailing Address

**15251 ROSSEVELT BLVD., STE #209
CLEARWATER FL 33760**

2. Principal Place of Business

4400 118TH AVE N #100

3. Mailing Address

4400 118TH AVE N

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

CLEARWATER, FL

City & State

CLEARWATER4. FEI Number ~~65-3668433~~**59-3668433**

Applied For

Not Applicable

Zip

33762

Country

USA

Zip

33762

Country

USA5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LUONG, SEAN D
15251 ROOSEVELT BLVD #209
CLEARWATER FL 33760**

7. Name and Address of New Registered Agent

Name

LUONG, SEAN D

Street Address (P.O. Box Number is Not Acceptable)

4400 118 AVE N**Suite 100**

City

CLEARWATER**FL**

Zip Code

33762

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, 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, 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

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	LUONG, SEAN D	
STREET ADDRESS	15251 ROOSEVELT BLVD #209	
CITY-ST-ZIP	CLEARWATER FL 33760	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUONG, SEAN D.	
STREET ADDRESS	4400 118 AVE N Suite 100	
CITY-ST-ZIP	CLEARWATER, FL 33762	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

(727) 561-0698

Daytime Phone #

CR2E034 (10/00)