

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005944

1. Entity Name
XYTRANS, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90021 012 ***150.00

Principal Place of Business
12565 RESEARCH PARKWAY, SUITE 300
ORLANDO FL 32826

Mailing Address
12565 RESEARCH PARKWAY, SUITE 300
ORLANDO FL 32826

2. Principal Place of Business

3. Mailing Address

7081 Grand National Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 114

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32819

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3675591

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

FOX, RICHARD Q
12565 RESEARCH PARKWAY, SUITE 300
ORLANDO FL 32826

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

Don Ammar

(NOTE: Registered Agent signature required when reinstating)

4/19/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
FOX, RICHARD Q
12565 RESEARCH PARKWAY, SUITE 300
ORLANDO FL 32826 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP OF ENGINEERING
DAN AMMAR
7081 GRAND NATIONAL DRIVE #114
ORLANDO, FL. 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Don Ammar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01
Date

(407) 345-8008
Daytime Phone #

CR2E034 (10/00)