

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F43108

1. Entity Name

FLITE TECHNOLOGY, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90026 045 ***150.00

Principal Place of Business

Mailing Address

C/O RONALD E. ANDERSON

C/O RONALD E. ANDERSON

411 SHEARER BLVD

411 SHEARER BLVD

COCOA FL 32922 32926

COCOA FL 32926-3423

2. Principal Place of Business

408 A 4 B HAWK Street

3. Mailing Address

285 B LAKE VIEW BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rockledge, FL

City & State

Cocoa, FL

Zip

Country

32955 Brevard

Zip

Country

32926 Brevard

4. FEI Number

59-2116644

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

ANDERSON, RONALD E.

411 SHEARER BOULEVARD

COCOA FL 32922 32926

285 B LAKE VIEW BLVD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-2000

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, 2000 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
ANDERSON, RONALD E.
2511 NORTH FRIDAY ROAD
COCOA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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

8/24/2000
Date Daytime Phone #

CR2E034 (9/99)