2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
02-15-2001 90061 032 ***150.00

0606291

DOCUMENT # F43108

1. Entity Name
FLITE TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
~~C/O RONALD E. ANDERSON~~ Leo Burch 408 A4B HAWK STREET ROCKLEDGE FL 32955	~~C/O RONALD E. ANDERSON~~ Leo Burch 285-B LAKE VIEW BLVD. COCOA FL 32926

A0023319

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	408 A Hawk Street Suite, Apt. #, etc.
City & State	City & State: Rockledge, FL
Zip / Country	Zip: 32955 / Country: 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.~~ ~~285-B LAKE VIEW BLVD.~~ ~~COCOA FL 32926~~	Name: Leo Burch Street Address (P.O. Box Number is Not Acceptable): 408 A Hawk Street City: Rockledge FL Zip Code: 32955

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 _____ 02/12/01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS ANDERSON, RONALD E. 2511 NORTH FRIDAY ROAD COCOA FL	☒ Delete	DPS Leo Burch 1811 Hwy A1A #2203 Indian Harbour Beach, FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ Pres. 02/12/01 321-631-2050
~~SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR~~ Date Daytime Phone #