

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000212

1. Entity Name

FORTRESS TECHNOLOGIES INC. OF FLORIDA

FILED

Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90009 040 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2701 N ROCKY POINT DR~~  
~~STE 650~~  
~~TAMPA FL 33607~~  
US

~~270 N ROCKY POINT DR~~  
~~STE 650~~  
~~TAMPA FL 33607~~  
US

2. Principal Place of Business

4025 Tampa Road

3. Mailing Address

4025 Tampa Road

Suite, Apt. #, etc.

Suite 1111

Suite, Apt. #, etc.

Suite 1111

City & State

Oldsmar, FL

City & State

Oldsmar, FL

Zip

34677

Country

Pinellas

Zip

34677

Country

Pinellas

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 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, 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

|                |                                          |                                            |
|----------------|------------------------------------------|--------------------------------------------|
| TITLE          | CS                                       | <input type="checkbox"/> Delete            |
| NAME           | FRIEDMAN, AHARON                         |                                            |
| STREET ADDRESS | <del>270 N ROCKY POINT DR STE 650</del>  |                                            |
| CITY-ST-ZIP    | <del>ENGLEWOOD CLIFFS NJ 07632</del>     |                                            |
| TITLE          | CT                                       | <input type="checkbox"/> Delete            |
| NAME           | SAVAS, ANDREW                            |                                            |
| STREET ADDRESS | <del>2701 N ROCKY POINT DR STE 650</del> |                                            |
| CITY-ST-ZIP    | <del>ENGLEWOOD CLIFFS NJ 07632</del>     |                                            |
| TITLE          | D                                        | <input type="checkbox"/> Delete            |
| NAME           | BEARD, JOSEPHUS                          |                                            |
| STREET ADDRESS | <del>2701 N ROCKY POINT DR STE 650</del> |                                            |
| CITY-ST-ZIP    | <del>ENGLEWOOD CLIFFS NJ 07632</del>     |                                            |
| TITLE          | D                                        | <input checked="" type="checkbox"/> Delete |
| NAME           | D'AMORE, MICHAEL                         |                                            |
| STREET ADDRESS | 2701 N ROCKY POINT DR STE 650            |                                            |
| CITY-ST-ZIP    | ENGLEWOOD CLIFFS NJ 07632                |                                            |
| TITLE          | P                                        | <input checked="" type="checkbox"/> Delete |
| NAME           | WEADOCK, RAYMOND L                       |                                            |
| STREET ADDRESS | 2701 N ROCKY POINT DR STE 650            |                                            |
| CITY-ST-ZIP    | ENGLEWOOD CLIFFS NJ 07632                |                                            |
| TITLE          | V                                        | <input type="checkbox"/> Delete            |
| NAME           | SIMPSON JANET L                          |                                            |
| STREET ADDRESS | <del>2701 N ROCKY POINT DR STE 650</del> |                                            |
| CITY-ST-ZIP    | <del>TAMPA FL 33607</del>                |                                            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                        |                                                                              |
|----------------|------------------------|------------------------------------------------------------------------------|
| TITLE          | C                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |                                                                              |
| STREET ADDRESS | 4025 Tampa Rd. (#1111) |                                                                              |
| CITY-ST-ZIP    | Oldsmar, FL 34677      |                                                                              |
| TITLE          | D                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |                                                                              |
| STREET ADDRESS | 4025 Tampa Rd. (#1111) |                                                                              |
| CITY-ST-ZIP    | Oldsmar, FL 34677      |                                                                              |
| TITLE          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |                                                                              |
| STREET ADDRESS | 4025 Tampa Rd. (#1111) |                                                                              |
| CITY-ST-ZIP    | Oldsmar, FL 34677      |                                                                              |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | John J. Omior          |                                                                              |
| STREET ADDRESS | 4025 Tampa Rd. (#1111) |                                                                              |
| CITY-ST-ZIP    | Oldsmar, FL 34677      |                                                                              |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Kenneth Gekbind        |                                                                              |
| STREET ADDRESS | 4025 Tampa Rd. (#1111) |                                                                              |
| CITY-ST-ZIP    | Oldsmar, FL 34677      |                                                                              |
| TITLE          | V, T, S                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | KUMPA JANET L.         |                                                                              |
| STREET ADDRESS | 4025 Tampa Rd. (#1111) |                                                                              |
| CITY-ST-ZIP    | Oldsmar, FL 34677      |                                                                              |

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:

*Janet L. Kumpa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)