

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005193

1. Entity Name
FIRST DOMINION TECHNOLOGY, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90196 017 ***150.00

Principal Place of Business
7650 COURTNEY CAMPBELL CSWY
SUITE 1120
TAMPA FL 33607

Mailing Address
7650 COURTNEY CAMPBELL CSWY
SUITE 1120
TAMPA FL 33607

00000004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3530298

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KRUSEN, W. A JR
7650 COURTNEY CAMPBELL CSWY
SUITE 1120
TAMPA FL 33607

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, 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 CCEO ☐ Delete
NAME BIDDINGER, CLAY M
STREET ADDRESS 7650 COURTNEY CAMPBELL CSWY, 1120
CITY-ST-ZIP TAMPA FL 33607

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 7650 Courtney Campbell Cswy, 1120
CITY-ST-ZIP

TITLE PT ☐ Delete
NAME KRUSEN, W A JR
STREET ADDRESS 7650 COURTNEY CAMPBELL CSWY, 1120
CITY-ST-ZIP TAMPA FL 33607

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

TITLE S ☐ Delete
NAME THOMPSON, W M JR
STREET ADDRESS 250 WEST MAIN STREET, STE 300
CITY-ST-ZIP CHARLOTTESVILLE VA 22902

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
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:

W. Andrew Krusen, Jr.

W. Andrew Krusen, Jr.

4-27-01

813-837-3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)