

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90157 007 ***150.00

DOCUMENT # F98000005193

1. Entity Name
FIRST DOMINION TECHNOLOGY, INC.



Principal Place of Business
712 SOUTH OREGON AVENUE
SUITE 200
TAMPA FL 33606

Mailing Address
712 SOUTH OREGON AVENUE
SUITE 200
TAMPA FL 33606



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3530298**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

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)
712 S. Oregon Ave.
Suite 200
City **Tampa** **FL** **Zip Code** **33606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *W. Andrew Krusen, Jr.* **W. Andrew Krusen, Jr.** **4-25-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CCEO	<input type="checkbox"/> Delete
NAME	BIDDINGER, CLAY M	
STREET ADDRESS	101 PHILIPPE PARKWAY, SUITE 300	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	PT	<input type="checkbox"/> Delete
NAME	KRUSEN, W A JR	
STREET ADDRESS	712 SOUTH OREGON AVENUE, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMPSON, W M JR	
STREET ADDRESS	250 WEST MAIN STREET, STE 300	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22902	
TITLE	AS	<input type="checkbox"/> Delete
NAME	JONES, DOUGLAS N	
STREET ADDRESS	712 SOUTH OREGON AVENUE SUITE 200	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. Andrew Krusen, Jr.* **W. Andrew Krusen, Jr.** **4-25-03** **813-837-3009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)