

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90075 048 ***150.00

DOCUMENT # F98000006062

1. Entity Name
ALLTECHNOLOGY, INC.

Principal Place of Business

Mailing Address

**3031 CATNIP HILL PIKE
 NICHOLASVILLE KY 40356**

**3031 CATNIP HILL PIKE
 NICHOLASVILLE KY 40356-8700**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **61-0977517**

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

**ELLIOTT, STEVE
 121 NW 19TH AVE
 CHIEFLND FL 32626**

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
CP	LYONS, THOMAS PEARSE		
3031 CATNIP HILL PIKE	3031 CATNIP HILL PIKE		
NICHOLASVILLE KY 40356	NICHOLASVILLE KY 40356		
VP	CONNOLLY, AIDAN J		
3031 CATNIP HILL PIKE	3031 CATNIP HILL PIKE		
NICHOLASVILLE KY 40356	NICHOLASVILLE KY 40356		
VP	KARNEZOS, PETER T		
3031 CATNIP HILL PIKE	3031 CATNIP HILL PIKE		
NICHOLASVILLE KY 40356	NICHOLASVILLE KY 40356		
ST	HOHMAN, NATHAN H		
3031 CATNIP HILL PIKE	3031 CATNIP HILL PIKE		
NICHOLASVILLE KY 40356	NICHOLASVILLE KY 40356		

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: Nathan Hohman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/5/00 Daytime Phone #: 606 885 9417

CR2E034 (9/99)