

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000007024

1. Entity Name

FRIENDLY ADVANCED SOFTWARE TECHNOLOGY, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90035 039 ***150.00

Principal Place of Business

Mailing Address

1383-32 VETERANS HWY
HAUPPAUGE NY 11788

1383-32 VETERANS HWY
HAUPPAUGE NY 11788-3048

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 11-3161967

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

TAGAT, PRASAD
11575 US HWY 1, SUITE 25
NORTH PALM BEACH FL 33408

Name JEFF MEISBAUER
Street Address (P.O. Box Number is Not Acceptable)

225 WEST BUSCH, BLVD.
City TAMPA FL Zip Code 33612

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 P
NAME BINDHU, MITHRAJINDA
STREET ADDRESS 1383-32 VETERANS HWY
CITY-ST-ZIP HAUPPAUGE NY 11788 ☒ Delete

TITLE V
NAME ARAJAPALLI, BINDHU
STREET ADDRESS 1383-32 VETERANS HWY
CITY-ST-ZIP HAUPPAUGE NY 11788 ☒ Delete

TITLE S
NAME TAGAT, PRASAD
STREET ADDRESS 249 MT PLEASANT RD
CITY-ST-ZIP SMITHTOWN NY 11787 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CHIEF EXECUTIVE OFFICER ☒ Change ☐ Addition
NAME RON SAUNDERS
STREET ADDRESS 32,556, WOODSIDE DRIVE
CITY-ST-ZIP EVERGREEN, CO. 80439

TITLE VICE PRESIDENT, ASST. SECY ☒ Change ☐ Addition
NAME BRUCE L. ROBERTS
STREET ADDRESS 1515, ARAPAHOE ST., TOWER ONE, STE. 1500
CITY-ST-ZIP DENVER, CO. 80202

TITLE VICE PRESIDENT, ASST. SECY ☒ Change ☒ Addition
NAME CHARLIE R. BOWERTSMAN
STREET ADDRESS 1515, ARAPAHOE ST., TOWER ONE, SUITE 1500,
CITY-ST-ZIP DENVER CO., 80202

TITLE VICE PRESIDENT ASST-SECY ☒ Change ☐ Addition
NAME CHRISTOPHER J. BOCK
STREET ADDRESS 1515, ARAPAHOE ST., TOWER ONE, SUITE 1500
CITY-ST-ZIP DENVER CO.- 80202

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #