2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

DOCUMENT # G79710 May 07, 2000 8:00 am Secretary of State 1. Entity Name CHENEY TECHNOLOGIES GROUP INC. 05-07-2000 90011 020 ***150.00 Principal Place of Business Mailing Address P.O. BOX 149203 P.O. BOX 149203 ORLANDO FL 32814-9203 ORLANDO FL 32814-9203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State ----Applied For City & State 4.-FEI:Number 59-2360383 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHENEY, BETTY M. Street Address (P.O. Box Number is Not Acceptable) **4010 BOBOLINK LANE** ORLANDO FL 32803 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHENEY, RAYMOND J SR NAME NAME **4010 BOBOLINK LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TD TITLE ☐ Change M Addition ☐ Delete TITLE CHENEY, BETTY M NAME NAME 4010 BOBOLINK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE CHENEY, DAVID J. NAME NAME STREET ADDRESS 1210 NE 35 AVE STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL** CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE CHENEY, DANIEL J. NAME NAME STREET ADDRESS 615 MAPLE FORREST DR. STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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.