2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State
01-23-2003 90106 047 ***158.75

DOCUMENT # J71360

1. Entity Name
ADVANCED LASER SYSTEMS TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
6860 EDGEWATER COMMERCE PARKWAY SUITE 500 ORLANDO FL 32810	6860 EDGEWATER COMMERCE PARKWAY SUITE 500 ORLANDO FL 32810

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6860 EDGEWATERCOMM PKWY	6860 EDGEWATERCCOMM PKWY
Suite, Apt. #, etc.: SUITE 500	Suite, Apt. #, etc.: SUITE 500
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32810 Country:	Zip: 32810 Country:

4. FEI Number 59-2808669 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKINNEY, ROBERT EDWIN
6860 EDGEWATER COMMERCE PARKWAY
SUITE 500
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name: McKINNEY, ROBERT EDWIN
Street Address (P.O. Box Number is Not Acceptable): 6860 EDGEWATER COMMERCE PARKWAY SUITE500
City: ORLANDO FL Zip Code: 32810

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 [signature] 1/17/03
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD ☐ Delete	☐ Change ☐ Addition
NAME	MCKINNEY, ROBERT EDWIN	
STREET ADDRESS	6860 EDGEWATER COMMERCE PKWY, STE 500	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	VD ☐ Delete	☐ Change ☐ Addition
NAME	BELLAR, DENNIS R.	
STREET ADDRESS	6860 EDGEWATER COMM PKYW, STE 500	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED [signature] 3/3/03 (407)295-5878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #