

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K01229

i. Entity Name

IDENTITECH, INC.

5

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-26-2000 90080 050 ***150.00

| | |
|--|---|
| Principal Place of Business S APOLLO BLVD FL 32901 | Mailing Address 780 S APOLLO BLVD MELBOURNE FL 32901-1423 US |
|--|---|

| | | | |
|---|---------|---|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|-----------------------------|--|
| 4. FEI Number 59-2877580 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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|---|
| 6. Name and Address of Current Registered Agent KAHN, MICHAEL H ESQ 780 S APOLLO BLVD MELBOURNE FL 32935 |
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|--|--|
| 7. Name and Address of New Registered Agent Name <u>RULON D. MUNNS</u> Street Address (P.O. Box Number is Not Acceptable) <u>TENTH AND ELEVENTH FLOORS</u> <u>250 NORTH ORANGE AVE.</u> City <u>ORLANDO</u> FL Zip <u>32802</u> | |
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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 Rulon D. Munns (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 NAME STREET ADDRESS CITY-ST-ZIP | CEO GILGER, KERRY D. 780 S APOLLO BLVD MELBOURNE FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GILGER, MIKE D. 780 S APOLLO BLVD MELBOURNE FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECT WATT, BIBA 780 S APOLLO BLVD MELBOURNE FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SINGLETON, PAUL L 780 S APOLLO BLVD MELBOURNE FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO JACOBS, HUGH C JR. 780 S APOLLO BLVD MELBOURNE FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LEWIS, NICHOLAS L. 780 S APOLLO BLVD MELBOURNE FL <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Biba Watt / BIBA WATT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2000

(321) 951-9503

Date

Daytime Phone #

CR2E034 (9/99)