

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91565 013 ***150.00

DOCUMENT # K74011

1. Entity Name
ALTITUDE, INC.

Principal Place of Business
 % EDWARD T. CULBERTSON
 4141 CENTRAL AVE
 ST. PETERSBURG FL 33713

Mailing Address
 % EDWARD T. CULBERTSON
 4141 CENTRAL AVE
 ST. PETERSBURG FL 33713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3800 CENTRAL AVE.
 Suite, Apt. #, etc.

3. Mailing Address
3800 CENTRAL AVE
 Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL
 Zip **F** Country **US**

City & State
ST. PETERSBURG, FL
 Zip **33711** Country **US**

4. FEI Number **59-2965444**
 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

CULBERTSON, EDWARD T.
4141 CENTRAL AVE
ST. PETERSBURG FL 33713

Name **CULBERTSON, EDWARD T**
 Street Address (P.O. Box Number is Not Acceptable)
3800 CENTRAL AVE
 City **ST. PETERSBURG, FL** Zip Code **33711**

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 DATE **5/10/01**
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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	D	CULBERTSON, EDWARD T.	4141 CENTRAL AVE	ST. PETERSBURG FL	<input type="checkbox"/>
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **EDWARD T CULBERTSON** DATE **5/10/01** DAYTIME PHONE # **727-327-7526**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)