

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96139

1. Entity Name

TUCKER-DAVIS TECHNOLOGIES, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90004 021 ***150.00

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| Principal Place of Business 4550 NW 6TH ST. GAINESVILLE FL 32609 US | Mailing Address 4550 NW 6TH ST. GAINESVILLE FL 32609-1742 US |
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| 2. Principal Place of Business Suite, Apt. #, etc. 4637 NW 6th Street City & State Gainesville, FL Zip 32609 Country USA | 3. Mailing Address Suite, Apt. #, etc. 4637 NW 6th Street City & State Gainesville, FL Zip 32609 Country USA |
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DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 59-3025553 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TUCKER, TIMOTHY J. 4550 NW 6TH ST. GAINESVILLE FL 32609 | |
| 7. Name and Address of New Registered Agent | |

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|---|-----------------------------|
| Name TUCKER, TIMOTHY J. | |
| Street Address (P.O. Box Number is Not Acceptable) 4637 NW 6th Street | |
| City Gainesville | FL Zip Code 32609 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Delete TUCKER, TIMOTHY 2215 NW 9TH PL GAINESVILLE FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2322 NW 13th Place Gainesville, FL 32605 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input type="checkbox"/> Delete TUCKER, CHRISTINE M 2215 NW 9TH PL GAINESVILLE FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2322 NW 13th Place Gainesville, FL 32605 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | 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)(f), 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 REQUIRED **January 10, 2000** **352-375-1623**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Timothy Tucker, President

CR2E034 (9/99)