

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90249 032 ***150.00

DOCUMENT # P00000007770

1. Entity Name
WIT TECHNOLOGY, INC.



Principal Place of Business
4111 GUNN HWY
TAMPA FL 33624

Mailing Address
4111 GUNN HWY
TAMPA FL 33624

2. Principal Place of Business

5001 W. NASSAU ST.

3. Mailing Address

5001 W. NASSAU ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tampa

City & State

Tampa FL

City & State

Tampa FL

Zip

33607

Country

Hillsborough

Zip

33607

Country

Hillsborough

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3615301

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

HSIUNG, SULAN
11231 THICKET CT
TAMPA FL 33624

Name HSIUNG, SULAN

Street Address (P.O. Box Number is Not Acceptable)

722 Deer Lake West

City

Lutz

FL

Zip Code

33549

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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-03

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	P	<input type="checkbox"/> Delete
NAME	ISHAK, ANTOINE	
STREET ADDRESS	4020 DUXHALL DR.	
CITY-ST-ZIP	LINCOLN NE 68516	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-03 (813) 207-0222

CR2E034 (10/02)