

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90011 007 ***150.00

0354625

DOCUMENT # P00000062403

1. Entity Name

APPLIED NITROUS TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

5455 JETVIEW CIRCLE
TAMPA FL 33634

5455 JETVIEW CIRCLE
TAMPA FL 33634

2. Principal Place of Business

3. Mailing Address

5473 Jet Port INDUSTRIAL BLVD
Suite, Apt. #, etc.

5473 Jet Port INDUSTRIAL BLVD
Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3063577

Applied For

Not Applicable

Zip

33634

Country

USA

Zip

33634

Country

USA

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

MOORE, STEVEN W
C/O STEVEN W. MOORE, P.A. 8200 Bryan Dairy Rd
2240 BELLEAIR ROAD STE 100 SUITE 300
CLEARWATER FL 33764 33777

Name

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

City

FL

Zip Code

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

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

(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, 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 D ☐ Delete
NAME PROCK, JEFFREY
STREET ADDRESS 5455 JETVIEW CIRCLE
CITY-ST-ZIP TAMPA FL 33634

TITLE PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS 24751 LAUREL RIDGE DR.
CITY-ST-ZIP LUTZ FL 33549

TITLE D ☒ Delete
NAME FEST, CHARLES W JR
STREET ADDRESS 5455 JETVIEW CIRCLE
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jeffrey Prock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01 813-885-4149

Date

Daytime Phone #

CR2E034 (10/00)