

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 8:00 am
Secretary of State**

01-23-2001 90093 010 ***150.00

DOCUMENT # P00000065667**1. Entity Name****COLDFIRE TECHNOLOGY, INC.****Principal Place of Business****Mailing Address**2112 SUNNYDALE BLVD., UNIT E
CLEARWATER FL 337652112 SUNNYDALE BLVD., UNIT E
CLEARWATER FL 33765**2. Principal Place of Business**

2112 Sunnydale Blvd

3. Mailing Address

2112 Sunnydale Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit E

Unit E

City & State**City & State**

Clearwater FL

Clearwater FL

Zip**Country****Zip****Country**

33765

USA

33765

USA

4. FEI Number

59-3559405

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**MONFORT, EDWARD R
2112 SUNNYDALE BLVD., UNIT E
CLEARWATER FL 33765**Name**

Edward R. Monfort

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

2112 Sunnydale Blvd

City

Clearwater

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME P
STREET ADDRESS Edward Monfort
CITY-ST-ZIP 2112 Sunnydale Blvd Unit E
Clearwater FL 33765TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS Dawn Monfort
CITY-ST-ZIP 1515 Kurt Ln
Clearwater FL 33764TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:**

Dawn Monfort Dawn Monfort 1/9/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date**Daytime Phone #**

727-535-8118

CR2E034 (10/00)