

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91349 010 ***158.75

DOCUMENT # PO1000008102 ✓
1. Entity Name
Institute of Information Technology Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 470622
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 470622
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Celebration FL
Zip
34747
Country
USA

City & State
Celebration Florida
Zip
34747
Country
USA

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Desmet, Evelyn Maria J.

Street Address (P.O. Box Number is Not Acceptable)
801 International Parkway
5th floor

City Lake Mary FL Zip Code 32746

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] Desmet, Evelyn Maria J. 5-20-02
Signature, type or printed name of registered agent and date 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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME Saskia Suzanne Fontein
STREET ADDRESS Director
CITY-ST-ZIP P.O. Box 470622
Celebration FL 34747-0622

TITLE
NAME Saskia Suzanne Fontein
STREET ADDRESS Treasurer
CITY-ST-ZIP P.O. Box 470622
Celebration FL 34747-0622

TITLE
NAME Evelyn Maria J. Desmet
STREET ADDRESS Secretary
CITY-ST-ZIP P.O. Box 470622
Celebration FL 34747-0622

TITLE
NAME Evelyn Maria J. Desmet
STREET ADDRESS Director
CITY-ST-ZIP P.O. Box 470622
Celebration FL 34747-0622

TITLE
NAME Benjamin Scienz
STREET ADDRESS Director
CITY-ST-ZIP P.O. Box 470622
Celebration FL 34747-0622

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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 on an attachment with an address, with all other like information.

SIGNATURE: [Signature] Desmet, Evelyn Maria J. 5-20-02 321 939 0519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)