

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90080 038 ***158.75

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DOCUMENT # P01000055237

1. Entity Name
M3T, INC.

Principal Place of Business
**8517 S. PARK CIR., SUITE 150
 ORLANDO FL 32819**

Mailing Address
**8517 S. PARK CIR., SUITE 150
 ORLANDO FL 32819**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-3418240**

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

**SORCI, JOSEPH J
 8517 S. PARK CIR., SUITE 150
 ORLANDO FL 32819**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D KOEPKE, GARY E 250-B NW 76TH DR. GAINESVILLE FL 33601	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORCI, JOSEPH J 8517 S. PARK CIR., SUITE 150 ORLANDO FL 32819	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kevin E. Barnes 5004 Foxfire Lane Lake Mary, FL 32746	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Mark D. Smith 321 Heather Ave. Longwood, FL 32750	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mark W. Anderson 721 E. Amelia St. Orlando, FL 32805	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Markus G. Gensch 1281 Seybold Place Deltona, FL 32725	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Stephen R. Clark 1448 Southwind Dr. Casselberry, FL 32707	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer / Secretary Valli C. Johnson 3380 Cypress Pt. Circle St. Cloud, FL 34772	☐ Change ☒ Addition

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:

JOSEPH J. SORCI

04/02/02

407-947-1240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (9/01)