**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 10, 2002 8:00 am **DOCUMENT #** P01000064981 **Secretary of State** 1. Entity Name 02-10-2002 90012 046 \*\*\*150.00 INTERNET TECH INC. Principal Place of Business Mailing Address 4890 SW 64 AVE 2ND FLOOR 4890 SW 64 AVE 2ND FLOOR FT LAUDERDALE FL 33314 FT LAUDERDALE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4) FEI Number City & State City & State Applied For (05 - 11 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAYNE, FRED Street Address (P.O. Box Number is Not Acceptable) 4890 SW 64 AVE 2ND FLOOR FT LAUDERDALE FL 33314 City Zip Code FL 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition CR2E034 (9/01) TITLE ☐ Delete TITLE NAME FEIN, LANCE NAME STREET ADDRESS 4890 SW 64 AVE 2ND FLOOR STREET ADDRESS FT LAUDERDALE FL 33314 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME FEIN. AUBREY STREET ADDRESS STREET ADDRESS PO BOX 291918 CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33329 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME BAYNE, FRED STREET ADDRESS 4890 SW 64 AVE 2ND FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33314 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 frustee empowered to exacute 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 a passess, with all other like empowered.

Date

Daytime Phone #