

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2002 90280 042 ***150.00

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DOCUMENT # P01000091224
 1. Entity Name
A & T TECHNOLOGY, INC.

Principal Place of Business Mailing Address
360 ROCKWELL CIRCLE **360 ROCKWELL CIRCLE**
LAKE MARY FL 32746 **LAKE MARY FL 32746**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
405 Central Park Drive **405 Central Park Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Sanford, FL **Sanford, FL**

Zip Country Zip Country
32771 **USA** **32771** **USA**

4. FEI Number Applied For
59-3746461 Not Applicable

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

6. Name and Address of Current Registered Agent
LOONEY, STEPHEN R
360 ROCKWELL CIRCLE
LAKE MARY FL 32746

7. Name and Address of New Registered Agent
 Name: **Intrastate Registered Agent Corp**
 Street Address (P.O. Box Number is Not Acceptable): **200 S. Orange Ave Ste 2600**
 City: **Orlando** State: **FL** Zip Code: **32801**

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: *Michael Adams* Vice President DATE: **4-12-02**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 | |
|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: *Antoinette Diamante* **Antoinette Diamante** Date: **2/28/02** Daytime Phone #: **407-474-2891**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)