

*Amended*

06-12-2003 90009 030 \*\*\*\*61.25

P01000091224


### 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUN 17 AM 8:00

**DOCUMENT # P01000091224**

1. Entity Name  
**A & T TECHNOLOGY, INC.**



Principal Place of Business  
405 CENTRAL PARK DRIVE  
SANFORD, FL 32771 US

Mailing Address  
405 CENTRAL PARK DRIVE  
SANFORD, FL 32771 US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3746461** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**INTRASTATE REGISTERED AGENT CORP.  
200 S ORANGE AVE  
SUITE 2600  
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent's signature shared when existing)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PTD</b>	<b>DIAMANTE, ANTONETTE</b> <input type="checkbox"/> Delete	TITLE <b>PTD</b>	<b>Diamante, Antoinette</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>405 CENTRAL PARK DR</b>	NAME	<b>405 Central Park Drive</b>
STREET ADDRESS	<b>SANFORD, FL 32771</b>	STREET ADDRESS	<b>Sanford, FL 32771</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>VSD</b>	<b>ESMONT, THOMAS</b> <input type="checkbox"/> Delete	TITLE <b>VSD</b>	<b>Esmont, Thomas</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>405 CENTRAL PARK DR</b>	NAME	<b>405 Central Park Drive</b>
STREET ADDRESS	<b>SANFORD, FL 32771</b>	STREET ADDRESS	<b>Sanford, FL 32771</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <b>D</b>	<b>Shields, Gordon</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>405 Central Park Drive</b>
STREET ADDRESS		STREET ADDRESS	<b>Sanford, FL 32771</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <b>D</b>	<b>Crocker, Arthur</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>405 Central Park Drive</b>
STREET ADDRESS		STREET ADDRESS	<b>Sanford, FL 32771</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <b>D</b>	<b>Hector, Dan</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>405 Central Park Drive</b>
STREET ADDRESS		STREET ADDRESS	<b>Sanford, FL 32771</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **06/10/03** DAYTIME PHONE #: **407-936-0025**

CR2E034 (10/02)

*6/17 ad*