

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91463 045 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000019631

1. Entity Name
UNITED DIGITAL TECHNOLOGIES, INC.



Principal Place of Business
3923 LAKE WORTH RD
216
LAKE WORTH, FL 33460

Mailing Address
3923 LAKE WORTH RD
216
LAKE WORTH, FL 33460

2. Principal Place of Business

5700 LAKE WORTH RD

Suite, Apt. #, etc.

312B

City & State

Greenacres

Zip

33463

Country

FL

3. Mailing Address

5700 LAKE WORTH RD

Suite, Apt. #, etc.

312B

City & State

Greenacres

Zip

33463

Country

FL



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3602699

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, TAFAKARA
3923 LAKE WORTH RD
216
LAKE WORTH, FL 33461

7. Name and Address of New Registered Agent

Name
Smith, Tafakara

Street Address (P.O. Box Number is Not Acceptable)

5700 LAKE WORTH RD

Suite 312B

City
Greenacres

FL

Zip Code

33463

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

Tafakara Smith

4-23-03

DATE

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BEZELAIS, CLAIRVOYANT
3923 LAKE WORTH RD #216
LAKE WORTH, FL 33460

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~SMITH, TAFAKARA~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~VICE PRES.~~
Bezelais Clairvoyant
5700 LAKE WORTH RD 312-B
Greenacres, FL 33463

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres.
Tafakara Smith
5700 LAKE WORTH RD 312B
Greenacres, FL 33463

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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:

Tafakara Smith

3-23-03

561-304-2702

PRINT, TYPE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

CL

Daytime Phone #

8102