2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029320

1. Entity Name

LARRIER TECHNOLOGIES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90324 034 ***150.00

Principal Place of Business	Mailing Address
~~15310 AMBERLEY DR~~ ~~SUITE 250-33~~ ~~TAMPA FL 33647~~ US	BOX 17568 TAMPA FL 33682-7568

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (Temporary)	3. Mailing Address
7238 Hammett Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State
Zip: 33647 Country: USA	Zip Country

4. FEI Number 59-3236980 ☐ 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
LARRIER, RACHAEL ~~15310 AMBERLEY DR~~ ~~SUITE 250-33~~ ~~TAMPA FL 33647~~	Name Street Address (P.O. Box Number is Not Acceptable) 7238 Hammett Road City Tampa **FL** Zip Code 33647

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, 2000 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	P LARRIER, RACHAEL ~~15310 AMBERLEY DR, SUITE 250-33~~ ~~TAMPA FL~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 7238 Hammett Road / Box 17568 Tampa, FL 33647 / Tampa, Fl 33682
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: Rachael Larrier 4/27/00 813 972 5502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #