

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 12, 2000 08:00 AM****Secretary of State****DOCUMENT # P94000050796****1. Entity Name**

MULTIPLE SERVICE TECHNOLOGIES, INC.

Principal Place of Business13191 56TH CT N
112
CLEARWATER
33760
US**Mailing Address**9809 LONGMEADOW DRIVE
TAMPA
FL**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

13191 56TH COURT NORTH

Suite, Apt. #, etc.

SUITE 112

City & State**City & State**

CLEARWATER

FL

Zip**Country****Zip****Country**

33760

4. FEI Number**59-3253085****Applied For****Not Applicable****5. Certificate of Status Desired****\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentROMINE NEAL
9809 LONGMEADOW DRIVE

TAMPA

FL

7. Name and Address of New Registered Agent**Name**

ROMINE NEAL R

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

13191 56TH COURT NORTH

SUITE 112City
CLEARWATER**FL**Zip Code
33760**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 **NEAL R. ROMINE****07/12/2000**

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**

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ARROYO FRANK	
STREET ADDRESS	6011 DOE CIRCLE WEST	
CITY-ST-ZIP	LAKELAND FL 33809	

TITLE	VTD	<input type="checkbox"/> Delete
NAME	ROMINE NEAL	
STREET ADDRESS	9809 LONGMEADOW DRIVE	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: Frank Arroyo

PSD 07/12/2000