

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**  
 09-15-2000 90006 042 \*\*\*558.75

**DOCUMENT # P94000061410**

1. Entity Name  
**ALDERMAN TECHNOLOGY, INC.**

Principal Place of Business

**613 LEMON ST  
 SEBRING FL 33870  
 US**

Mailing Address

**PO BOX 1404  
 BARTOW FL 33830**

2. Principal Place of Business

**1685 Verona Dr**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 1404**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Bartow Florida**

City & State  
**Bartow, FL**

4. FEI Number **65-0523025**

Applied For  
 Not Applicable

Zip  
**33830**

Country  
**us**

Zip  
**33831-1404**

Country  
**us**

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

**ALDERMAN, RODNEY M  
 613 LEMON STREET  
 SEBRING FL 33870**

Name **Rodney M. Alderman**

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

**1685 Verona Dr**

City **Bartow**

**FL**

Zip Code **33830**

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 **Rodney M. Alderman**

**9/1/00**

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 \$550.00  
 After SEPTEMBER 13, 2000 Min. will be \$750.00  
 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 **D** ☐ Delete  
 NAME **ALDERMAN, RODNEY M**  
 STREET ADDRESS **613 LEMON STREET**  
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE **Rodney Alderman** ☒ Change ☐ Addition  
 NAME **1685 Verona Dr.**  
 STREET ADDRESS **Bartow, FL. 33830**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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: **Rodney M. Alderman**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/1/00**  
 Date

**863 838.7141**  
 Daytime Phone #