

2000 UNIFORM BUSINESS REPORT (UBR)

0608941

DOCUMENT # P94000073828

1. Entity Name

WITTEN TECHNOLOGIES, INC.

FILED

00 MAY 15 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4440 P.G.A. BLVD.
SUITE 600
PALM BEACH GARDENS FL 33410
US

2121 K ST NW STE 650
WASHINGTON DC 20007-1817
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3284628

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

GREEN, ROBERT E
1905 N.W. 5TH AVE.
GAINESVILLE FL 32603

Name
INTRASTATE REGISTERED AGENT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
701 BRICKELL AVENUE, SUITE 3000

City MIAMI FL Zip Code 33131

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

Donald W. Walker

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 D ☐ Delete
NAME WITTEN, ALAN
STREET ADDRESS 3308 RIVERWALK COURT
CITY-ST-ZIP NORMAN OK 73072

TITLE ☐ Change ☐ Addition
NAME 000003267240--4
STREET ADDRESS -05/25/00--01097--004
CITY-ST-ZIP ****550.00 ****550.00

TITLE D ☐ Delete
NAME GREEN, ROBERT E
STREET ADDRESS 1905 N.W. 5TH AVE
CITY-ST-ZIP GAINESVILLE FL 32603

TITLE D ☒ Change ☐ Addition
NAME Green, Robert E.
STREET ADDRESS 3638 Overlook Ave
CITY-ST-ZIP Macon, GA 31204

TITLE D ☒ Delete
NAME GREEN, SHANE
STREET ADDRESS 2509 P.S.T. N.W.
CITY-ST-ZIP WASHINGTON DC 20007

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert E. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, '00
Date

202-728-2200
Daytime Phone #

CR2E034 (9/99)

SP