

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90641 018 \*\*\*158.75

DOCUMENT # **P95000043816**

1. Entity Name

**ORDNANCE TECHNOLOGY, INC.**

Principal Place of Business

Mailing Address

**804 SOUTH FEDERAL HWY  
HALLANDALE, FL 33009**

**804 SOUTH FEDERAL HWY  
HALLANDALE, FL 33009**

2. Principal Place of Business

**10621 PAYNE Rd.**

3. Mailing Address

**10621 PAYNE Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**SEBRING, FL**

City & State

**SEBRING, FL**

4. FEI Number

**65-0590681**

Applied For

Not Applicable

Zip

Country

**33875 USA**

Zip

Country

**33875 USA**

5. Certificate of Status Desired

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**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SUTTON, JAMES G.S.  
804 SOUTH FEDERAL HIGHWAY  
HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent

Name

**SUTTON, JAMES G.S.**

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

**10621 PAYNE Rd.**

City

**SEBRING**

FL

Zip Code

**33875**

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)

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**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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**\$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	<b>SUTTON, JAMES G.S. 10621 PAYNE Rd. SEBRING, FL 33875</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SUTTON, JAMES G.S. 10621 PAYNE Rd. SEBRING, FL 33875</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JAMES G.S. SUTTON**

**4/26/01 863 314-9102**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/00)