

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90282 021 \*\*\*150.00

DOCUMENT # P95000091884

1. Entity Name  
**ADVANCED FIBEROPTIC TECHNOLOGIES, INC.**

Principal Place of Business  
**2200 ROUTE 301**  
**UNIT 1**  
**PALMETTO FL 34221**

Mailing Address  
**P.O. BOX 56**  
**PALMETTO FL 34221**  
**US**

2. Principal Place of Business  
**1650 12th STREET EAST**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**PALMETTO, FLORIDA**

City & State

Zip  
**34221**

Country  
**MANATEE**

Zip

Country

4. FEI Number **59-3392179**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**POWERS, REED**  
**2200 US 301**  
**PALMETTO FL 34221**

7. Name and Address of New Registered Agent  
 Name **POWERS, REED**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1650 12th STREET EAST**  
 City **PALMETTO** Zip Code **34221**

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]* DATE 2/12/01  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br><b>POWES, ROBERT REED JR</b><br><b>661 BAY LAUREL COURT, NE</b><br><b>ST. PETERSBURG FL 33703</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br><b>FREEMONT, ROBERT</b><br><b>2200 ROUTE 301</b><br><b>PALMETTO FL 34221</b>                       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br><b>BILEK, KGEORGE</b><br><b>2200 RT 301</b><br><b>PALMETTO FL 34221</b>                           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br><b>HUBER, CHARLES</b><br><b>2200 RT 301</b><br><b>PALMETTO FL 34221</b>                           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>POWERS, ROBERT REED JR.</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>BILEK, GEORGE</b><br><b>1650 12th STREET EAST</b><br><b>PALMETTO, FL 34221</b>             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>1650 12th STREET EAST</b><br><b>PALMETTO, FL 34221</b>                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br><b>BILBROUGH, THOMAS T.</b><br><b>1650 12th STREET EAST</b><br><b>PALMETTO, FL 34221</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *[Signature]* DATE: 2/12/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)