

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096689

1. Entity Name

PREFERRED TECHNOLOGIES, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90015 031 ***158.75

Principal Place of Business 6760 COLUMBIA AVE LAKE WORTH FL 33467	Mailing Address 6760 COLUMBIA AVE LAKE WORTH FL 33467-7356
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00025220



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6168 BOX LEAF PLACE Suite, Apt. #, etc.	3. Mailing Address 6168 BOX LEAF PLACE Suite, Apt. #, etc.
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City & State LAKE WORTH FL Zip 33467 Country USA	City & State LAKE WORTH, FL Zip 33467 Country USA
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4. FEI Number 65-0631778	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired X	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LUPO, JOSEPH A 6760 COLUMBIA AVE LAKE WORTH FL 33467

7. Name and Address of New Registered Agent Name LUPO JOSEPH A. Street Address (P.O. Box Number is Not Acceptable) 6168 BOX LEAF PLACE City LAKE WORTH FL Zip Code 33467
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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 _____ (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 D	<input type="checkbox"/> Delete
NAME LUPO, JOSEPH A	
STREET ADDRESS 6760 COLUMBIA AVE	
CITY-ST-ZIP LAKE WORTH FL 33467	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOSEPH A. LUPO	
STREET ADDRESS 6168 BOX LEAF PLACE	
CITY-ST-ZIP LAKE WORTH, FL 33467	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: Joseph A. Lupo DATE: 2/18/2000 561-432-3421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)