2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000034268** Jan 20, 2000 8:00 am **Secretary of State** ADVANCED INVESTMENT TECHNOLOGY, INC. 01-20-2000 90246 010 ***150.00 Principal Place of Business Mailing Address 311 PARK PLACE BOULEVARD STE 250 311 PARK PLACE BOULEVARD STE 250 CLEARWATER FL 33759-3977 CLEARWATER FL 33759 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3381023 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ~~7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent" Name CASE, DOUGLAS W Street Address (P.O. Box Number is Not Acceptable) 5666 STAG THICKET LANE PALM HARBOR FL 34695 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ■ Addition Delete TITLE TITLE NAME BARR, DEAN S NAME STREET ADDRESS 311 PARK PLACE BOULEVARD STE 330 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33759** Change ☐ Addition TITI F ☐ Delete TITLE NAME CASE, DOUGLAS W NAME STREET ADDRESS STREET ADDRESS 311 PARK PLACE BLVD, STE 250 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33759** ☐ Delete TITLE TITLE NAME STYPUL, BRYAN NAME STREET ADDRESS 311 PARK PLACE BLVD, STE 250 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33759** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

727/799-3671