## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # P96000087396 1. Entity Name THETA TECHNOLOGIES, INC. 03-21-2000 90007 026 \*\*\*150.00 Mailing Address Principal Place of Business 479 CHARLOTTA AVE.. SE 479 CHARLOTTA AVE. SE PALM BAY FL 32909 PALM BAY FL 32909-4138 CHIDNO 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 36-3765831 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name BELL, KENNETH V JR Street Address (P.O. Box Number is Not Acceptable) 479 CHARLOTTA AVE., SE PALM BAY FL 32909 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. TITLE Addition TITLE ☐ Delete **BELL. KENNETH** NAME NAME 479 CHARLOTTE AVENUE SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32909 Change Addition ☐ Delete TITLE TITLE BELL, LORI L NAME 479 CHARLOTTA AVE., SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32909 ☐ Change - 🖃 Addition-☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIREC

17 Mar 00

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Daytime Phone