

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90087 025 ***150.00

DOCUMENT # P97000001657

1. Entity Name
PUBLIC TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
 8265 W. SUNRISE BLVD. 8265 W. SUNRISE BLVD.
 PLANTATION FL 33322 PLANTATION FL 33322
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6289 W. Sunrise Blvd.
 Suite, Apt. #, etc.
#114
 City & State
Sunrise, FL.
 Zip
33313 Country
Broward

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
Sunrise
 Zip
 Country

4. FEI Number **65-0724647** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GARDNER, IAN
 8265 W. SUNRISE BLVD.
 PLANTATION FL 33322

7. Name and Address of New Registered Agent
 Name *IAN GARDNER*
 Street Address (P.O. Box Number is Not Acceptable)
6289 W. Sunrise Blvd #114
 City *Sunrise* State *FL* Zip Code *33313*

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]* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE *4/26/01*

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GARDNER, IAN	8265 W. SUNRISE BLVD.	PLANTATION FL 33322	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
POS	IAN GARDNER	6289 W. Sunrise Blvd. #114	Sunrise, FL. 33313	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* **IAN GARDNER.** Date *4/26/01* Daytime Phone # *954-581-9659*

CR2E034 (1/0/00)