

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055973

1. Entity Name

ALLIANCE COMPUTING TECHNOLOGIES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90082 045 ***150.00

Principal Place of Business

Mailing Address

3105 W. WATERS AVE., SUITE 215
TAMPA FL 33614

3105 W. WATERS AVE., SUITE 215
TAMPA FL 33614-2873

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3455573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, JOHN P
3105 W. WATERS AVENUE
SUITE 215
TAMPA FL 33614

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	FOSTER, JOHN P	
STREET ADDRESS	4202 WATER OAKS LANE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	P	<input type="checkbox"/> Delete
NAME	HURLEY, GERALD	
STREET ADDRESS	17735 NATHANS DR.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOSTER, BERNADETTE S	
STREET ADDRESS	4202 WATER OAKS LANE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	S	<input type="checkbox"/> Delete
NAME	YADLEY, GREGORY C	
STREET ADDRESS	101 E. KENNEDY BLVD. STE. 2800	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRUSEN, W. ANDREW JR	
STREET ADDRESS	2909 BAY TO BAY	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMSON, BRUCE A	
STREET ADDRESS	4807 WOODMERE RD.	
CITY-ST-ZIP	TAMPA FL 33609	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORM SMITH	
STREET ADDRESS	1685 Winnetka Road	
CITY-ST-ZIP	Glenview IL 60025	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00

813 936 0165

CR2E034 (9/99)