

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088435

1. Entity Name

HENDRICK INFORMATION TECHNOLOGY, INC.

Principal Place of Business

380 S. STATE RD 434
STE 1004-314
ALTAMONTE SPRINGS FL 32714

Mailing Address

380 S. STATE RD 434
STE 1004-314
ALTAMONTE SPRINGS FL 32714-3810

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

59-3471700

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

WEERABAHU, MALLIKAGE D
380 S. STATE RD 434
STE 1004-314
ALTAMONTE SPRINGS FL 32714

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan-24-2000

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 PD
NAME WEERABAHU, MALLIKAGE D
STREET ADDRESS 5738-G WINDHOVER DR
CITY-ST-ZIP ORLANDO FL 32819



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE President
NAME WEERABAHU, MALLIKAGE D.
STREET ADDRESS 673 Ashford Oaks Dr, #1001
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE Director
NAME JAYABAHU, MALLIKAGE S.
STREET ADDRESS 673 Ashford Oaks Dr #101
CITY-ST-ZIP ALTAMONTE SPRINGS
FL 32714



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan-24-2000

Date

407-650-2631

Daytime Phone #

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90097 010 ***163.75

A0026641



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)