

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90044 017 ***150.00

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

(NOTE: Registered Agent signature required when reinstalling)

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, 2002 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 **P** ☐ Delete
NAME **WEERABAHU, MALLIKAGE D**
STREET ADDRESS **673 ASHFORD OAKS DR #101**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **Same** ☒ Change ☐ Addition
NAME **Same**
STREET ADDRESS **1712 Pine Bay Dr**
CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE **D** ☐ Delete
NAME **JAYABAHU, MALLIKAGE S**
STREET ADDRESS **673 ASHFORD OAKS DR #101**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **Same** ☒ Change ☐ Addition
NAME **Same**
STREET ADDRESS **1712 Pine Bay Dr**
CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb-11-02 407-650-2631

CR2E034 (9/01)