2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 07, 2000 8:00 am DOCUMENT # P97000104767 **Secretary of State** 02-07-2000 90010 031 ***150.00 ROANOKE TECHNOLOGY CORP. Principal Place of Business Mailing Address 1034 E. 10TH ST. 1034 E. 10TH ST. ROUNOKE RAPIDS NC 27870-3006 ROUNOKE RAPIDS NC 27870 US 3. Mailing Address 2. Principal Place of Business 1433 GEORGA 1433 GEORGIA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State RDANDKE 22-3558993 NC RAPIOS NC RAPIDS المحاليون Not A KOANOKE Country USA \$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 GARRICK O Box Number is Not Acceptable) CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Lermont $p_{ m C}$ r the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named Intily OTE Registered Agent signature required when reinstating) ---FILE NOW 11 FEE IS \$150.00 **_9._**This,corporation.is.eligible.to <u>satisfy,its.intangible.</u> ~10.~Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change TITLE Delete SMITH, DAVID L. TITLE NAME LEE, JAMES 1433 GEORGIA Are STREET ADDRESS STREET ADDRESS 660 MADISON AVENUE CITY-ST-7IP ROHNOKÉ RAPIOS <u>NC</u> CITY-ST-ZIP 27870 <u>NEW YORK NY</u> Delete FOSTER Jr EDWIN E. 1433 Grorgia MVE TITLE PSTD TITLE NAME NAME LEE, JAMES F STREET ADDRESS STREET ADDRESS 777 S FLAGLER DRIVE ROANOKE RAPIDS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33401 ☐ Delete TITLE PD TITLE CANADY, GLENN NAME NAME SMITH, DAVID L 33 GeolGIA AVE STREET ADDRESS STREET ADDRESS 1039 E. 10TH ST. RAPIDS DANOKE 27870 CITY-ST-ZIP CITY-ST-ZIP ROANKE RAPIDS NO Delete TITLE TITLE SD LEE, JAMES MAME NAME STREET ADDRESS STREET ADDRESS 30 PARK AVE STE 6K CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10016** ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \Box^{-} ... ☐ Change TITLE ☐ Delete 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 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 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 changed, or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #