

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104767

1. Entity Name

Roanoke Technology Corporation



FILED

03 JUN 30 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

539 Becker Drive

Suite, Apt. #, etc.

3. Mailing Address

539 Becker Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Roanoke Rapids, NC

City & State

Roanoke Rapids, NC

4. FEI Number

22-3558993

Applied For

Not Applicable

Zip
27870

Country
United States

Zip
27870

Country
United States

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

David Garrick

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

300 Virginia Street

City

Clermont

FL

Zip Code

34711

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO/P David L. Smith, Jr. 109 Gail Drive Roanoke Rapids, NC 27870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Russell J. Jones 422 Sunset Avenue Roanoke Rapids, NC 27870
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L. Smith, Jr.

6/27/03

Date

252-537-9222

Daytime Phone #

CR2E034B (12/02)

gr 6/30