## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 09, 2000 8:00 am Secretary of State DOCUMENT # **P98000000780** US INTERNET TECHNOLOGIES, INC. 05-09-2000 90011 015 \*\*\*150.00 Mailing Address Principal Place of Business 7950 S MILITARY TRAIL 7950 S MILITARY TRAIL #202 LAKE WORTH FL 33463-8162 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0826802 Not Applicable Zip Country Country \$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 Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PD Delete TITLE RAMOS, JACK M NAME NAME STREET ADDRESS STREET ADDRESS 7950 S MILITARY TRL #202 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Change Addition TITLE ☐ Delete TITLE NAME KAHLERT, KARL A NAME STREET ADDRESS 7950 S MILITARY TRL #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lake Worth FL 33<u>463</u> ☐ Delete . . - Change Addition TITLE KAHLERT, HERBERT NAME NAME STREET ADDRESS 7950 S MILITARY TR #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Change ☐ Addition ☐ Delete TITLE ALLISON, JAIMA NAME NAME STREET ADDRESS STREET ADDRESS 7950 S MILITARY TR #202 CITY-ST-ZIP C(TY-ST-ZIP LAKE WORTH FL 33463 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR