## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 1. Entity Name 00 AUG 24 AH 10: 30 SECRETARY OF STATE. TALEARASSEE. FLORIDA Principal Place of Business 2323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 52-208863 Not Applicable Country Zip 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 Morris, Scott A 2323 34 Way V Name Street Address (P.O. Box Number is Not Acceptable) Lago Pl 33771 Zip Code City FI urpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for Mon SIGNATURE (NOTE, Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible iax filing requirement and elects to do so FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00<sub>-</sub>Māv/Bē-After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (66/6)RA ☐ Addition [7] Change TITLE TITLE Delete NAME CR2E034 2323 34M STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE TITLE **068** 01022 <u>0</u>07 NAME NAME STREET ADDRESS STREET ADDRESS \*\*\*\*158.75 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing toes 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 endress, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:



August 10, 2000

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Dear Sirs:

Enclosed you will please find the 2000 Uniform Business Report. To my dismay the corporation was involuntarily dissolved for non-filing of the report. We never received the report and thus I had to telephone and request this blank document. I am enclosing my filing fee of \$150.00 and hope that you will accept it and renew my corporation.

Sincerely,

Scott A. Morris

SAM/cl

enclosure



## International Headquarters

2323 - 34th Way North Largo, FL 33771 (727) 539-0844 1-800-393-7283 Fax Number (727) 535-0516 Website www.fibretechinc.com













