## **2000 UNIFORM BUSINESS REPORT (UBR)** FILED DOCUMENT # P98000028736 Sep 18, 2000 8:00 am Secretary of State 1. Entity Name EMBEDDED SYSTEMS TECHNOLOGY, INC. 09-18-2000 90148 032 \*\*\*550.00 Principal Place of Business Mailing Address 3677 140TH AVENUE NORTH, APT, A 3677 140TH AVENUE NORTH, APT, A LARGO FL 33771 LARGO FL 33771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3502883 Not Applicable Zìp Country Zìp 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 'SCHNEIDER," ERIC R Street Address (P.O. Box Number is Not Acceptable) 3677 140TH AVENUE NORTH, APT, A **LARGO FL 33771** City Zip Code the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits thi ERIC SCHNEIDER SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change ☐ Addition SCHNEIDER, ERIC NAME NAME 3677 140TH AVENUE NORTH, APT. A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33771 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE □ Delete Change ☐ Addition 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 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 land occurate 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 tostee 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 enpowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

ENATIANDESQUERICO SCHNEID

Delete

SCHMEIDER Sept-13-00 877-378-491

☐ Change

Addition