

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051125

1. Entity Name

AIO TECHNOLOGIES, INC.

Principal Place of Business

801 12TH AVENUE SOUTH
SUITE 500
NAPLES FL 34102

Mailing Address

801 12TH AVENUE SOUTH
SUITE 500
NAPLES FL 34102

2. Principal Place of Business

1601 Jackson St. #200

Suite, Apt. #, etc.

3. Mailing Address

1601 Jackson St. #200

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

Fort Myers, FL

Zip
33901

Country
Lee

Zip
33901

Country
Lee

4. FEI Number

59-3517388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWARD, G. ALAN
50 N LAURA STREET
SUITE 2900
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
Gerard A. McHale, Jr., Court Appointed Receiver
Street Address (P.O. Box Number is Not Acceptable)

1601 Jackson St. #200

City
Fort Myers

FL

Zip Code
33901

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HAUCK, JEFF C 801 12TH AVENUE SOUTH STE 500 NAPLES FL 34102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO PERRY, RANDY C 801 12TH AVENUE SOUTH STE 500 NAPLES FL 34102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Court Appointed Receiver Gerard A. McHale, Jr. 1601 Jackson St. #200 Ft. Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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

SIGNATURE:

Gerard A. McHale, Jr. Court Appointed Receiver 3/11/01 941-337-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90056 004 ***150.00

00046547



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)