

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
 04-19-2000 90113 012 ***150.00

DOCUMENT

1. Entity Name **SHORTGRASS TECHNOLOGIES, INC.**
P98000085545

Principal Place of Business

Mailing Address

SHORTGRASS TECHNOLOGIES, INC.
121 N. Osceola Avenue, Suite 312
Clearwater, FL 33755

2. Principal Place of Business

121 N. Osceola Avenue

3. Mailing Address

121 N. Osceola Avenue

Suite, Apt. #, etc.

Suite 312

City & State

Clearwater, FL

Zip

33755

Country

U.S.

Suite, Apt. #, etc.

Suite 312

City & State

Clearwater, FL

Zip

33755

Country

U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number

37-1381353

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Thomas A. Davis
121 N. Osceola Avenue
Suite 312
Clearwater, FL 33755

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, 2000 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 **President / Director** ☐ Delete
 NAME **Matthew G. Berry**
 STREET ADDRESS **150 E. Pleasant Hill Rd. Ste. 205**
 CITY-ST-ZIP **Carbondale, IL 62901**

TITLE **Vice President** ☒ Delete
 NAME **Thomas A. Davis**
 STREET ADDRESS **121 N. Osceola Ave. Ste. 312**
 CITY-ST-ZIP **Clearwater, FL 33755**

TITLE **Secretary/Treas/Director** ☐ Delete
 NAME **Jared D. Brown**
 STREET ADDRESS **121 N. Osceola Avenue**
 CITY-ST-ZIP **Clearwater, FL 33755**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE **Chief Executive Officer** ☒ Change ☐ Addition
 NAME **Thomas A. Davis**
 STREET ADDRESS **121 N. Osceola Avenue**
 CITY-ST-ZIP **Clearwater, FL 33755**

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-00 727-466-9734

CR2E034 (9/99)