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2001 UNIFORM BUSINESS REPORT (UBR)

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Jul 05, 2001 8:00 am DOCUMENT # P98000108071 Secretary of State 07-05-2001 90172 040 ***550 00 ONE ENTERPRISE TECHNOLOGIES, INC. Principal Place of Business Mailing Address 1723 STUART POINTE LA 1723 STUART POINTE LA 3150 WICKEM RD -9150 WICKEM RD UUU/4411 HERNDON, VA HERNDON, VA 20170-4472 STES STE 3 MELBOURNE FO MELBOURNE FL 4472 2. Principal Place of Business 3. Mailing Address 723 STUART POINTE LN 1723 STUART POINTE L DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3545948 HERNDON ernbon, Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 20170-4473 USA 20170-4472 Fee Required 6. Namo and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, RICHARD CORRECTION -3150 N: WICKEM RD STE 3 **MELBOURNE FL 32935** Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PCEO TITLE ☐ Delete TITLE ☐ Change Addition PRINCE, MARK NAME NAME 1723 STUART PT LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HERNDON VA 20170 CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition PRINCE, MICHELLE NAME NAME 1723 STUART PT LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HERNDON VA 20170 CITY-ST-ZIP - Change == - Addition-Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trustee empowered present as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if