

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000939

1. Entity Name

ELECTRONIC DATA INTEGRATION TECHNOLOGIES, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90108 043 ***550.00

Principal Place of Business

Mailing Address

5781 RIVERSIDE DRIVE #202
 CORAL SPRINGS FL 33067

5781 RIVERSIDE DRIVE #202
 CORAL SPRINGS FL 33067-2909



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5781 Riverside Dr.

5781 Riverside Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#202

#202

City & State

City & State

Coral Springs, FL

Coral Springs, FL

Zip

Country

Zip

Country

33067

USA

33067

USA

4. FEI Number

Applied For

65-4896672

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOOKSTEIN, MERRILL
 4800 N. FEDERAL HIGHWAY
 SUITE 201B
 BOCA RATON FL 33431

Name

Laurie D. Major

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

5781 Riverside Dr #202

City

Coral Springs

FL

Zip Code

33067

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 Laurie D. Major

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	POUNCEY, KENNETH J	
STREET ADDRESS	5781 RIVERSIDE DRIVE #202	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MAJOR, LAURIE D	
STREET ADDRESS	5781 RIVERSIDE DRIVE #202	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Laurie D. Major
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00 561-367-0430
 Date Daytime Phone #

CR2E034 (9/99)