

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000013150**

1. Entity Name

**AFFILIATED TECHNOLOGIES, INC.****FILED****Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90547 006 \*\*\*150.00

0328497

Principal Place of Business

1489 W. PALMETTO PARK RD., STE. 492  
BOCA RATON FL 33486

Mailing Address

1489 W. PALMETTO PARK RD., STE. 492  
BOCA RATON FL 33486**D0035445**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

17116 Newport Club Dr 17116 Newport Club Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Boca Raton, FL

City &amp; State

Boca Raton, FL

4. FEI Number

65-0916774

Applied For

Not Applicable

Zip

33496

Country

USA

Zip

33496

Country

USA

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

GARLICK, MICHAEL

1489 W. PALMETTO PARK RD., STE. 492  
BOCA RATON FL 33486

Name

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

17116 Newport Club Drive

City

Boca Raton

FL

Zip Code

33496

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME           | STREET ADDRESS                 | CITY-ST-ZIP         | TITLE  | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|----------------|--------------------------------|---------------------|--|------|----------------|-------------|
| P     | GARLICK, MAX A | 1489 WEST PALMETTO PARK RD 492 | BOCA RATON FL 33486 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
| ST    | HALL, KAREN E  | 1489 W PALMETTO PARK RD 492    | BOCA RATON FL 33486 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
|       |                |                                |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |      |                |             |
|       |                |                                |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |      |                |             |
|       |                |                                |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |      |                |             |
|       |                |                                |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |      |                |             |
|       |                |                                |                     | <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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

561-750-4477

Daytime Phone #

CR2E034 (10/00)