

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90128 025 ***158.75

DOCUMENT # P99000013224

1. Entity Name

XOS TECHNOLOGIES, INC.

Principal Place of Business

**1199 NORTH PAGE CT.
DELTONA FL 32725**

Mailing Address

**1199 NORTH PAGE CT.
DELTONA FL 32725**

2. Principal Place of Business

251 Central Park Dr.
Suite, Apt. #, etc.

3. Mailing Address

251 Central Park Dr.
Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Sanford, FL

Zip

Country

32771

USA

Zip

Country

32771

USA

4. FEI Number

59-3558793

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ATON, DANNY R
1199 NORTH PAGE CT.
DELTONA FL 32725**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

DANNY R. ATON, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

1/16/01
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 **D** ☐ Delete
NAME **ATON, DANNY R**
STREET ADDRESS **1199 NORTH PAGE CT.**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **D** ☐ Delete
NAME **RETZ, STANLEY E**
STREET ADDRESS **1415 S. WASHINGTON AVE.**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Vice President** ☐ Change ☒ Addition
NAME **ECKER, RANDY**
STREET ADDRESS **1654 S. 162nd St.**
CITY-ST-ZIP **OMAHA, NE 68144**

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

TITLE ☐ Change ☐ Addition
NAME
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANNY R. ATON, PRES.

1/16/01
Date

407-302-6636
Daytime Phone #

CR2E034 (10/00)