

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P99000015728
MEDIA TECH PLUS, INC

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90167 034 ***150.00

Principal Place of Business

Mailing Address

161 W. MAINE AVE
LONGWOOD, FL.
32750

SAME

2. Principal Place of Business

161 W. MAINE AVE
Suite, Apt. #, etc.

3. Mailing Address

161 W. MAINE AVE
Suite, Apt. #, etc.

City & State

LONGWOOD, FL.

City & State

LONGWOOD, FL.

4. FEI Number

59-3558569

Applied For

Not Applicable

Zip

Country

32750

U.S.

Zip

32750

Country

U.S. SEMINOLE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICHAEL MARTONE
305 PARTRIDGE LANE
LONGWOOD, FL. 32779

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, 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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MICHAEL MARTONE	
STREET ADDRESS	305 PARTRIDGE LANE	
CITY-ST-ZIP	LONGWOOD 32779	
TITLE	ERIN MARTONE, VICE	<input type="checkbox"/> Delete
NAME	305 PARTRIDGE LANE	
STREET ADDRESS	LONGWOOD	
CITY-ST-ZIP	32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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: *Erin Martone* ERIN MARTONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

407-331-8001

Daytime Phone #

CR2E034 (11/00)