

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019341

1. Entity Name

2001 TECHNOLOGIES, INC

Principal Place of Business

6160 ULMERTON RD., STE #4
LARGO FL 33760

Mailing Address

6160 ULMERTON RD., STE #4
LARGO FL 33760

2. Principal Place of Business

7277 Bernice

Suite, Apt. #, etc.

3. Mailing Address

7277 Bernice

Suite, Apt. #, etc.

City & State

Center Line, MI

Zip

48015

Country

USA

City & State

Center Line, MI

Zip

48015

Country

USA

4. FEI Number

59-3559514

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUMAN, JAMES W
1008 DREW ST.
CLEARWATER FL 33755

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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 VT
NAME VASQUEZ, FRANK JR
STREET ADDRESS 6160 ULMERTON RD., STE 4
CITY-ST-ZIP LARGO FL 33760 ☒ Delete

TITLE PSD
NAME WESSON, JAY P
STREET ADDRESS 6160 ULMERTON RD., STE #4
CITY-ST-ZIP LARGO FL 33760 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS 18228 MANORWOOD WEST, BLDG #16
CITY-ST-ZIP Clinton Twp., MI 48038 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 700003427397--2
CITY-ST-ZIP -10/17/00--01048--003
****758.75 ****758.75 ☐ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 EITHER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-13-00

Date

248-776-2101

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -9 PM 12:21



DO NOT WRITE IN THIS SPACE
REINSTATEMENT

00

CR2E034 (5/00)