2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000028719 Apr 07, 2000 8:00 am **Secretary of State** INPUT COMPUTER TECHNICAL COMPANY, INC. 04-07-2000 90027 038 ***150.00 Mailing Address Principal Place of Business 369 NORTH NEW YORK AVENUE 369 NORTH NEW YORK AVENUE THIRD FLOOR WINTER PARK FL 32789-3119 WINTER PARK FL 32789 NUUUYJUV 2. Principal Place of Business 3. Mailing Address 12649 Longcrest 12649 Longcrest Dr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3566465 Applied For City & State Iverview Not Applicable IVENVIEW Country Hillsborough \$8.75 Additional 5. Certificate of Status Desired Hills burough 37569 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Berghauer Karl-Heinz GRAHAM, JESSE E ESQ. 369 NORTH NEW YORK AVENUE THIRD FLOOR 12649 Longarest Dr. WINTER PARK FL 32789 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 04-0J-00 Bergbauev Karl-Heinz Signature Goed or printed name of registered agent and title if applic FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. President Berghouer Karl-Heinz 12649 Longweit Dr. Riverview, FL 3J569 Vice President ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP X Delete TITLE TITLE Graham Jesse E. 369 North N.Y. Hre 3 Floor Winter Park, FL 32789 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Like President CITY-ST-ZIP CITY-ST-ZIP Treasurer Bergbauer Karl-Heinz Change ☐ Addition TITLE De ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Like President CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ De ete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ De ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR