

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000028998** ✓

1. Entity Name

CGI Technologies Corp.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90010 029 ***150.00

00052736

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
8451 Milano Dr., Suite 1738 **8451 Milano Dr., Suite 1738**
Orlando, FL 32810 **Orlando, FL 32810**

2. Principal Place of Business 3. Mailing Address
380 S. SR 434 **380 S. SR 434**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1004 **Suite 1004**
City & State City & State
Altamonte Springs, FL **Altamonte Springs, FL**
Zip Zip
32714 **32714**

4. FEI Number **59-3576264** Applied For
Not Applicable
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
Thomas P. Normand Name **Patricia A. Clem**
8451 Milano Dr., Suite 1738 Street Address (P.O. Box Number is Not Acceptable)
Orlando, FL 32810 **380 S. SR 434, Suite 1004**
City **Altamonte Springs** **FL** Zip Code **32714**

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 **Patricia A. Clem** - **Patricia A. Clem** **4/25/00**
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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President	<input type="checkbox"/> Delete	TITLE	President / CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas P. Normand		NAME	Thomas P. Normand	
STREET ADDRESS	8451 Milano Dr., Suite 1738		STREET ADDRESS	380 S. SR 434, Suite 1004	
CITY-ST-ZIP	Orlando, FL 32810		CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Patricia A. Clem	
STREET ADDRESS			STREET ADDRESS	380 S. SR 434, Suite 1004	
CITY-ST-ZIP			CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Denise Normand	
STREET ADDRESS			STREET ADDRESS	7226 W. Colonial Dr., #201	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32818	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Thomas P. Normand** - **Thomas P. Normand** **4/25/00 (407) 298-8816**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)