

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90056 019 ***163.75

DOCUMENT # P99000033250

1. Entity Name
FORESIGHT TECHNOLOGIES INC.

Principal Place of Business
2202 N WESTSHORE BLVD
STE 200
TAMPA FL 33607

Mailing Address
2202 N WESTSHORE BLVD
STE 200
TAMPA FL 33607

00010006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
695 CENTRAL AVE
 Suite, Apt. #, etc.
SUITE 150

3. Mailing Address
P.O. BOX 2742
 Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL

City & State
TAMPA, FL

4. FEI Number **59-3570079** Applied For
 Not Applicable

Zip **33701** Country **USA**

Zip **33623** Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SELLER, PETER
2202 N WESTSHORE BLVD
STE 200
TAMPA FL 33607

7. Name and Address of New Registered Agent
 Name **PETER SELLER**
 Street Address (P.O. Box Number is Not Acceptable)
695 CENTRAL AVE.
SUITE #150
 City **ST. PETERSBURG** FL Zip Code **33701**

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 DATE **1/30/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PT SELLER, PETER 2202 N WESTSHORE BLVD 200 TAMPA FL 33607	<input type="checkbox"/> Delete CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MOORE, GARY 2202 N WESTSHORE BLVD 200 TAMPA FL 33607	<input checked="" type="checkbox"/> Delete DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & CEO PETER SELLER 695 CENTRAL AVE. #150 ST. PETERSBURG, FL 33701	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **1/30/01** DAYTIME PHONE # **727-490-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)