

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900003461

1. Entity Name 2000-X Technologies., Inc.

Principal Place of Business 438 E. ESTHER ST
Mailing Address PO Box 560328

2. Principal Place of Business 438 E ESTHER ST
Suite, Apt. #, etc.

3. Mailing Address PO Box 560328
Suite, Apt. #, etc.

City & State Orlando FL
City & State Orlando FL

Zip 32806 **Country** US
Zip 32856 **Country** US

6. Name and Address of Current Registered Agent
EDGAR O. SAYA
1633 S. EOLA DR.
Orlando, FL 32806

7. Name and Address of New Registered Agent
Name: EDGAR O. SAYA
Street Address (P.O. Box Number is Not Acceptable): 1633 S. EOLA DR.
City: Orlando FL Zip Code: 32806

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90045 029 ***150.00

953644

DO NOT WRITE IN THIS SPACE

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]* **DATE** 5/3/2000
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	President / Treasurer Edgar O. SAYA 1633 S. EOLA DR Orlando, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / Secretary JEFFREY R. Cousins 438 E. ESTHER ST Orlando, FL 32806 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* JEFFREY R. Cousins 5/3/2000 407 894-2755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)