

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99 0000 89066 - R  
 f. Entity Name CARD Technologies INC

**FILED**  
**Jun 19, 2000 8:00 am**  
**Secretary of State**

06-19-2000 90004 040 \*\*\*158.75

Principal Place of Business Mailing Address SAME  
 204 Bauer Drive  
 Casselberry, FL 32707

B0102523

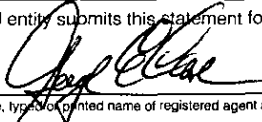
2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country  
 Seminole

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 MARVIN E. ROOKS  
 940 Highland Ave  
 Orlando, FL 32803

4. FEI Number 59-3580679 Applied For Not Applicable  
 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name GEORGE E. CASE  
 Street Address (P.O. Box Number is Not Acceptable)  
 204 Bauer Drive  
 City Casselberry FL Zip Code 32707

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 5/05/00  
 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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	George E. Case	<input checked="" type="checkbox"/> Delete	TITLE	George E. Case	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	375 Lake Oriana Ave	Treas.	NAME	204 Bauer Drive	Treasurer
STREET ADDRESS	Suite 102		STREET ADDRESS	Casselberry, FL 32707	
CITY-ST-ZIP	Altamonte Springs, FL 32701		CITY-ST-ZIP		
TITLE	Vicki S. Aguilar-Case	<input checked="" type="checkbox"/> Delete	TITLE	Vicki S. Aguilar-Case	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	375 Lake Oriana Ave	Pres.	NAME	204 Bauer Drive	President
STREET ADDRESS	Suite 102		STREET ADDRESS	Casselberry, FL 32707	
CITY-ST-ZIP	Altamonte Springs, FL 32701		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		
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: George E. Case  DATE 5/05/00 407-339-9501  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)