

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91151 020 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000042025			
1. Entity Name AIC TECHNOLOGIES, INC.			
Principal Place of Business 520 CENTREL PARK DR. SANFORD, FL 32771		Mailing Address PO-BOX 953877 LAKE MARY, FL 32795	
2. Principal Place of Business 400 Commerce Way 124		3. Mailing Address Suite, Apt. #, etc.	
City & State Longwood, FL		City & State	
Zip 32750		Country Seminole	
4. FEI Number 59-3570828		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUGHER, CONNIE 216 KRIDER RD SANFORD, FL 32773		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when effecting change) _____ DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	☐ Delete	
NAME	BAUGHER, CONNIE		
STREET ADDRESS	216 KRIDER RD		
CITY-ST-ZIP	SANFORD, FL 32773		
TITLE	S	☐ Delete	
NAME	FORG, DON		
STREET ADDRESS	794 E. CHAPING CROSS LN		
CITY-ST-ZIP	LAKE MARY, FL 32749		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.			
SIGNATURE: <u>Connie Baugher</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

11040581



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)