

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 19, 2000 08:00 AM
Secretary of State

DOCUMENT # P99000071231

1. Entity Name
 10:15 TECHNOLOGIES, INC.

Principal Place of Business 5900 PALM TRACE LANDINGS DR, 106 FT LAUDERDALE FL 33314	Mailing Address 5900 PALM TRACE LANDINGS DR, 106 FT LAUDERDALE FL 33314
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2. Principal Place of Business 6245 NORTH FEDERAL HIGHWAY Suite, Apt. #, etc. 5TH FLOOR	3. Mailing Address 6245 NORTH FEDERAL HIGHWAY Suite, Apt. #, etc. 5TH FLOOR
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City & State FT LAUDERDALE FL	City & State FT LAUDERDALE FL
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Zip 33308	Country US	Zip 33308	Country US
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4. FEI Number 65-0937593	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROGERS J THOMAS
 5900 PALM TRACE LANDINGS DR, 106
 FT LAUDERDALE FL 33314 US

7. Name and Address of New Registered Agent

Name ROGERS J THOMAS
Street Address (P.O. Box Number is Not Acceptable) 6245 NORTH FEDERAL HIGHWAY
5TH FLOOR
City FT LAUDERDALE FL Zip Code 33308

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 **09/19/2000**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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	PSD ROGERS J THOMAS 6245 NORTH FEDERAL HIGHWAY, 5TH FLOOR FORT LAUDERDALE FL 33308	<input type="checkbox"/> Change <input checked="" 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
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: J Thomas Rogers

PSD 09/19/2000