2000 UNIFORM BUSINESS REPORT (UBR)

## Aug 30, 2000 8:00 am Secretary of State DOCUMENT # P99000071882 BOURNE TECHNOLOGIES, INC. 08-17-2000 90104 037 \*\*\*550.00 Mailing Address Principal Place of Business 4805 SWEET GUM PLACE 4805 SWEET GUM PLACE MELBOURNE FL 32904 MELBOURNE FL 32904 2. Principal Place of Business Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE Sulte, Apt. #, etc. Applied For albourne Beach R Not Applicable untry Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required OT DE DE 7. Name and Address of New Registered Agent 6. Name and Address of Current Register Name PEREZ-FALCON, ANTONIO J **4805 SWEET GUM PLACE MELBOURNE FL 32904** 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 of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10: Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 800 Addition IIII F TITLE ☐ Delete PEREZ-FALCON, ANTONIO J NAME NAME **4805 SWEET GUM PLACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32904 CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE TITLE POWER, EMILIO J NAME NAME STREET ADDRESS **4812 UNION CYPRESS PLACE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32904 Change ☐ Addition Delate TITLE ARCE, DENNIS NAME NAME STREET ADDRESS STREET ADDRESS 214 SURF ROAD CITY-ST-ZIP CITY-ST-ZIF MELBOURNE FL 32951 Addition ☐ Change TITLE ☐ Delete garage and the same of the sam NAME NAME SI SELT A COME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete गा। ह TITLE NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP CITY-ST-ZYP Change Addition ☐ Delete TITLE 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if