

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075068

1. Entity Name
BAPORT TECHNOLOGIES, INC.



FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90012 016 ***550.00

Principal Place of Business
200 CESSNA BLVD.
DAYTONA BEACH FL 32124

Mailing Address
200 CESSNA BLVD.
DAYTONA BEACH FL 32124

2. Principal Place of Business
30 SKYLINE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
30 SKYLINE DRIVE
Suite, Apt. #, etc.

City & State
LAKE MARY Florida

City & State
LAKE MARY Florida

4. FEI Number
59-3594899

Applied For
Not Applicable

Zip Country
32746 US

Zip Country
32746 US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32114

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME FARBOLIN, GREG J
STREET ADDRESS 200 CESSNA BLVD.
CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE D ☐ Delete
NAME CLARK, GRAHAM
STREET ADDRESS 3612 259TH WAY NE
CITY-ST-ZIP REDMOND WA 98053

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

12. 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
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

Greg J. Farbolin 9/11/2000

407 823 101

Date

Daytime Phone #

CR2E034 (5/00)