

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079105

1. Entity Name

FUZION TECHNOLOGIES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90090 049 ***150.00

Principal Place of Business

Mailing Address

5255 NORTH FEDERAL HWY. STE 300
BOCA RATON FL 33487

5255 NORTH FEDERAL HWY. STE 300
BOCA RATON FL 33487-4901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0949226

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHONE, LARRY T
50 S.E. 4TH AVE.
DELRAY BEACH FL 33483

Name

Schone, Larry T.

Street Address (P.O. Box Number is Not Acceptable)

5255 N. Federal Highway Ste 300

City

Boca Raton

FL

Zip Code
33487

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

Larry T. Schone

LARRY T. SCHONE

4/28/00

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FRANK, DAVID L
5255 NORTH FEDERAL HWY, STE 300
BOCA RATON FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSD
BOYCE, GARY W
5255 NORTH FEDERAL HWY, STE 300
BOCA RATON FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S.
SCADUTO, DANIEL A.
5255 NORTH FEDERAL HIGHWAY, STE 300
BOCA RATON, FL 33487 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GODWIN, BRUCE D.
5255 NORTH FEDERAL HWY, STE 300
BOCA RATON, FL 33487 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORTIMER, WALTER
5255 NORTH FEDERAL HIGHWAY, STE 300
BOCA RATON, FL 33487 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHONE, LARRY T.
5255 NORTH FEDERAL HIGHWAY, STE 300
BOCA RATON, FL 33487 ☐ Change ☐ 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:

Larry T. Schone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 (561) 995-8480

CR2E034 (9/99)