

To:

From: InfoFast

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90010 041 ***150.00

DOCUMENT # 999000098332
1. Entry Name
 Ross Technologies, Inc.

Principal Place of Business
 4732 2nd. Ave. South

2. Principal Place of Business
 Suite, Apt. #, etc.

City & State
 St. Petersburg, Fl.
Zip
 33711

3. Mailing Address
 Suite, Apt. #, etc.

4. FEI Number
 59-3608133
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Name and Address of Current Registered Agent
 Spiegel & Utrera, P.A.
 343 ALMERIA AVENUE
 Canal Gables, Fl. 33134

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 registrant office or registered agent, or both, in the State of Florida.

SIGNATURE
 Signature typed or printed name of registered agent and the filer if applicable. (NOTE: Registered Agent signature required when registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back) ☐ **FILED IN FLORIDA: FEE IS \$150.00**
 Error MAY 1, 2000 Fee is \$150.00
 Please Check Payment 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
 P-T-S Ross Webster
 4732 2nd. Ave. South
 St. Petersburg, Fl. 33711

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
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 information.

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2000
 Date
 Daytime Phone #