

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102986

1. Entity Name

NEW TECHNOLOGY TASKFORCE INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90115 001 ***158.75

Principal Place of Business

823 VANDERBILT BEACH RD.
NAPLES FL 34108

Mailing Address

823 VANDERBILT BEACH RD.
NAPLES FL 34108

2. Principal Place of Business

9853 TAMiami TRAIL

3. Mailing Address

9853 TAMiami TRAIL

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34108

Country

USA

Zip

34108

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

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

CLAYDEN, DAVID HUGH
823 VANDERBILT BEACH RD.
NAPLES FL 34108

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]

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

TITLE: PRESIDENT P, L, M
NAME: DAVID DONAVAN BYRNE
STREET ADDRESS: 8 KINGSBURY AVENUE
CITY-ST-ZIP: ST. ALBANS, HERTS AL3 4TA, UK

☐ Delete

TITLE: VICE-PRESIDENT V, T, D,
NAME: DAVID CLAYDEN
STREET ADDRESS: 106 WESTWOOD DRIVE
CITY-ST-ZIP: NAPLES, FL 34110

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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:
☐ Change ☐ Addition

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

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ 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:

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

4/27/00

Date

941-513-1937

Daytime Phone #

CR2E034 (9/99)