

DOCUMENT # S04593

1. Entity Name

ADVANCED TECHNOLOGY DEVELOPMENT, INC.

Feb 08, 2000 8:00 : Secretary of State

02-08-2000 90131 050 ***158.75

Principal Place of Business

Mailing Address

1810 NW 23RD BLVD
SUITE ~~251~~ 249
GAINESVILLE FL 32605
US

1810 NW 23RD BLVD
SUITE ~~251~~ 249
GAINESVILLE FL 32605-3035
US

2. Principal Place of Business

3. Mailing Address

1810 NW 23rd Blvd

1810 NW 23rd Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 249

Suite 249

City & State

City & State

Gainesville FL

Gainesville, FL

4. FEI Number

59-3031594

Not

5. Certificate of Status Desired

\$8.75 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

APPELBAUM, JACOB G
1810 NW 23RD BLVD
SUITE ~~251~~ 249
GAINESVILLE FL 32605

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 \$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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------------------|---------------------------------|
| TITLE | DPC | <input type="checkbox"/> Delete |
| NAME | APPELBAUM, JACOB G. | |
| STREET ADDRESS | 1810 NW 23RD BLVD SUITE 251 249 | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Change |
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| TITLE | | <input type="checkbox"/> Change |
| 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 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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/04/00 3525
Date