2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # \$53364** Feb 02, 2000 8:00 am Secretary of State 1. Entity Name C.F.T. INC. 02-02-2000 90066 001 ****70.00 Principal Place of Business Mailing Address 324 N DALE MABRY 324 N DALE MABRY TAMPA FL 33609 TAMPA FL 33609-1269 US US Mailing Address DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3074903 Not Applicable almy am \$8.75 Additional 5. Certificate of Status Desired <u> 363</u> Fee Required 7. Name and Address of New Registered Agent rent Registered Agent CREATIVE FRIENDLY TECHNOLGIES Box Number is Npt Acceptable) 324 N DALE MABRY STE 103 TAMPA FL 33609 of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits Shawn OKu SIGNATURE Signature typ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ٦1. 12. Addition TITLE Delete TITI E treside nt NAME HORTON, JAMES NAME P.O.Box 144 STREET ADDRESS 324 N DALE MABRY HWY STE 103 STREET ADDRESS CITY-ST-ZIP 0140 CITY-ST-ZIP **TAMPA FL 33609** Change Addition D Delete TITLE TITLE GAMBERT, ALLEN NAME NAME STREET ADDRESS 324 N DALE MABRY HWY STE 103 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33609** Change Addition TITLE ☐ Delete TITLE Aberg NAME NAME STREET ADDRESS 13938 W. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZiP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with the indicated on this report or supplemental report is true of the corporation or the receiver or trustee empowers r the receiver di changed, or on a attachment SIGNATURE: