2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90080 040 ***550.00

DOCUMENT # S76923

1. Entity Name

INTEGRATED DATA TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
321 NORTHLAKE BLVD. SUITE 111 NORTH PALM BEACH FL 33408 US	321 NORTHLAKE BLVD. SUITE 111 NORTH PALM BEACH FL 33408-5410 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
144 US Hwy #1	144 US Hwy #1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Palm Bch FL	City & State: N. Palm Bch FL
Zip: 33408 Country: USA	Zip: 33408 Country: USA

4. FEI Number 65-0293837 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, JAMES ROBERT, II
321 NORTHLAKE BLVD.
SUITE 111
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name: James Robert Bell II
Street Address (P.O. Box Number is Not Acceptable): 144 US Hwy #1
City: N. Palm Bch FL Zip Code: 33408

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D GALLO, RICHARD ARTHUR 5171 CANAL DR LAKE WORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELL, JAMES ROBERT, II 101 DORY RD SOUTH NORTH PLAM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CABASSI, JAVIER W. 12950 N CALUSE CLUB DR MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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 & NAME
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #