2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90020 032 ***150.00

DOCUMENT # S94652

1. Entity Name

CUMBERLAND TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
4311 WEST WATERS AVE.. SUITE 501 TAMPA FL 33614	4311 WEST WATERS AVE.. SUITE 501 TAMPA FL 33614-1979

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4311 W. WATERS AVE.	4311 W. WATERS AVE.
Suite, Apt. #, etc.: SUITE 401	Suite, Apt. #, etc.: SUITE 401
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33614 Country: U.S.A.	Zip: 33614 Country: U.S.A.

4. FEI Number 59-3094503 ~~59-2859008~~ ☐ 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
WILLIAMS, JOSEPH M. 4311 W. WATERS AVE. SUITE 501 TAMPA FL 33614	Name Street Address (P.O. Box Number is Not Acceptable): 4311 W. WATERS AVE. SUITE 401 City: TAMPA. **FL** Zip Code: 33614

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 WILLIAMS, FRANCIS M. 1501 2ND AVENUE EAST TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition TAMPA, FL 33605
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT WILLIAMS, JOSEPH M. 4311 W. WATERS AVE #501 TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4311 W. WATERS,AVE., SUITE 401 TAMPA, FL 33614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHANDLER, GEORGE A. 53 CONSTITUTION HILL W. PRINCETON NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PRINCETON, NJ 08540
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BLACK, CAROL S 4311 WEST WATERS AVENUE #501 TAMPA FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4311 W. WATERS AVE., SUITE 401 TAMPA, FL 33614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, ANDREW 1313 GREW ST TAMPA FL 33606	☐ 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

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: _____ JOSEPH M. WILLIAMS 4-27-00 (813) 241-1614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #