

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90256 001 ***300.00

11866



DO NOT WRITE IN THIS SPACE

DOCUMENT # V69910

1. Entity Name
U.S. TECHNOLOGIES, INC.

Principal Place of Business WOODLAND CIRCLE BLVD. FL 33614	Mailing Address 8160 WOODLAND CIRCLE BLVD. TAMPA FL 33614 US
--	--

2. Principal Place of Business 300 FIRST AVENUE S. SUITE 500 ST. PETERSBURG, FL Zip 33701	3. Mailing Address 300 FIRST AVENUE S. SUITE 500 ST. PETERSBURG, FL Zip 33701
---	---

4. FEI Number 59-3147461	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**STEELE, PETER
 8160 WOODLAND CIRCLE BLVD.
 TAMPA FL 33614**

7. Name and Address of New Registered Agent
 Name **GARY ALLEN**
 Street Address (P.O. Box Number is Not Acceptable)
**300 FIRST AVENUE S.
 SUITE 500**
 City **ST. PETERSBURG FL** Zip Code **33701**

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	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME STEELE, PETER	
STREET ADDRESS 8160 WOODLAND CIRCLE BLVD.	
CITY-ST-ZIP TAMPA FL 33614	
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALLEN, GARY	
STREET ADDRESS 300 FIRST AVENUE S., STE 500	
CITY-ST-ZIP ST. PETERSBURG, FL 33701	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LUNTER, PAUL	
STREET ADDRESS 300 FIRST AVENUE S., STE 500	
CITY-ST-ZIP ST. PETERSBURG, FL 33701	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JAMES, ELLIOTT	
STREET ADDRESS 300 FIRST AVENUE S., STE 500	
CITY-ST-ZIP ST. PETERSBURG, FL. 33701	
TITLE D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COPPERSMITH, RANDY	
STREET ADDRESS 300 FIRST AVENUE, SO., STE 500	
CITY-ST-ZIP ST. PETERSBURG, FL. 33701	
TITLE D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HENNINGTON, JUD	
STREET ADDRESS 300 FIRST AVENUE S., STE 500	
CITY-ST-ZIP ST. PETERSBURG, FL. 33701	
TITLE D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BURKE, BRIAN	
STREET ADDRESS 300 FIRST AVENUE S., # 500	
CITY-ST-ZIP ST. PETERSBURG, FL. 33701	

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 addressee, with all other like empowered.

SIGNATURE: DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

V69910
11866

Continued
#12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/T
NAME STREET ADDRESS	Charles A. Richardson 300 First Avenue So., Ste #500
CITY ST ZIP	St. Petersburg, FL 33701