

# 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

Mailing Address

WOODLAND CIRCLE BLVD.  
 FL 33614

8160 WOODLAND CIRCLE BLVD.  
 TAMPA FL 33614  
 US

2. Principal Place of Business

3. Mailing Address

300 FIRST AVENUE S.

300 FIRST AVENUE S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 500

SUITE 500

City & State

City & State

ST. PETERSBURG, FL

ST. PETERSBURG, FL

Zip

Country

Zip

Country

33701

33701

4. FEI Number

59-3147461

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

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

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. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>STEELE, PETER<br>8160 WOODLAND CIRCLE BLVD.<br>TAMPA FL 33614 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/C<br>ALLEN, GARY<br>300 FIRST AVENUE S., STE 500<br>ST. PETERSBURG, FL 33701         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LUNTER, PAUL<br>300 FIRST AVENUE S., STE 500<br>ST. PETERSBURG, FL 33701          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JAMES, ELLIOTT<br>300 FIRST AVENUE S., STE 500<br>ST. PETERSBURG, FL 33701        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D.<br>COPPERSMITH, RANDY<br>300 FIRST AVENUE, SO., STE 500<br>ST. PETERSBURG, FL 33701 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HENNINGSTON, JUD<br>300 FIRST AVENUE S., STE 600<br>ST. PETERSBURG, FL 33701     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D.<br>BURKE, BRIAN<br>300 FIRST AVENUE S., STE 500<br>ST. PETERSBURG, FL 33701         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 addressee, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

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11866

Continued  
#12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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