

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90338 029 ***150.00

DOCUMENT # F01000006452

1. Entity Name
A3T INCORPORATED ✓

Principal Place of Business: **8700 EAST PINNACLE PEAK RD STE 201 SCOTTSDALE AZ 85255**

Mailing Address: **8700 EAST PINNACLE PEAK RD STE 201 SCOTTSDALE AZ 85255**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **8147 E Evans Road Suite 9 Scottsdale AZ**

3. Mailing Address: **8147 East Evans Road Suite 9 Scottsdale AZ**

4. FEI Number: **86-1037104**

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

6. Name and Address of Current Registered Agent

FINCH JR, W. DOUGLAS
7121 N. BRENTWOOD RD
FT. MYERS FL 33919

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: **FL** Zip Code: _____

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	CD KELLER, OLIVER 8700 EAST PINNACLE PEAK RD STE 201 SCOTTSDALE AZ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, ALASTAIR 3273 137A STREET S. SURREY BC CANADA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input 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 address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/17/2002** Daytime Phone #: **(480) 419-7060**

CR2E034 (4/02)

emcav

FD/000006452

July 17, 2002

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

After speaking with a representative from the Division of Corporations, it was learned that the Uniform Business Report is an annual fee required when registered to do business in Florida. Due to the fact that A3T Incorporated registered to operate in Florida in December of 2001, the organization never received the first notification of the annual fee of \$150. The first notification A3T received was dated July 6, 2002. Therefore, A3T has enclosed a check for \$150 to pay the original annual fee required had the notification been received by February 2002.

If you have any questions regarding the filing or this communication, please contact the A3T corporate office.

Regards,



Chad Lucas
Chief Financial Officer
EmcAV