

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90038 013 ***158.75

DOCUMENT # J71360

1. Entity Name

ADVANCED LASER SYSTEMS TECHNOLOGY, INC.

DO NOT WRITE IN THIS SPACE

2 Principal Place of Business

6860 EDGEWATER COMMERCE PARKWAY

3. Mailing Address

6860 EDGEWATER COMMERCE PARKWAY

Suite, Apt. #, etc.

SUITE 500

Suite, Apt. #, etc.

SUITE 500

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-2808669

Applied For

Not Applicable

Zip

32810

Country

Zip

32810

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **McKINNEY, ROBERT EDWIN**

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

6860 EDGEWATER COMMERCE PARKWAY, SUITE 500

City **ORLANDO**

FL

Zip Code **32810**

**DO NOT WRITE
IN THIS SPACE**

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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**
NAME **McKINNEY, ROBERT EDWIN**
STREET ADDRESS **6860 EDGEWATER COMMERCE PARKWAY, SUITE 500**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD**
NAME **BELLAR, DENNIS R.**
STREET ADDRESS **6860 EDGEWATER COMMERCE PARKWAY, SUITE 500**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

ROBERT E. McKINNEY, PRESIDENT

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02

Date

407-295-5878

Daytime Phone #

CR2E034B (12/01)