

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90106 047 \*\*\*158.75

**DOCUMENT # J71360**

1. Entity Name  
**ADVANCED LASER SYSTEMS TECHNOLOGY, INC.**



Principal Place of Business  
**6860 EDGEWATER COMMERCE PARKWAY  
SUITE 500  
ORLANDO FL 32810**

Mailing Address  
**6860 EDGEWATER COMMERCE PARKWAY  
SUITE 500  
ORLANDO FL 32810**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**6860 EDGEWATER COMMERCE PARKWAY**

3. Mailing Address  
**6860 EDGEWATER COMM PKWY**

Suite, Apt. #, etc.  
**SUITE 500**

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

Zip  
**32810**

Country

4. FEI Number  
**59-2808669**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKINNEY, ROBERT EDWIN**  
**6860 EDGEWATER COMMERCE PARKWAY**  
**SUITE 500**  
**ORLANDO FL 32810**

7. Name and Address of New 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**

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 *Robert E. McKinney* DATE **1/17/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>MCKINNEY, ROBERT EDWIN<br/>6860 EDGEWATER COMMERCE PKWY, STE 500<br/>ORLANDO FL 32810</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>BELLAR, DENNIS R.<br/>6860 EDGEWATER COMM PKYW, STE 500<br/>ORLANDO FL 32810</b> <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *R.E. McKinney* DATE **3/3/03** (407) 295-5878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)