I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRYAN KELLY

Electronic Signature of Signing Officer/Director Detail

SIGNATURE:

# **Officer/Director Detail :**

Title	PTSD	Title	D
Name	BRYAN PATRICK KELLY	Name	TOM MEAGHER
Address	7569 WOODMONT RD.	Address	7569 WOODMONT RD.
City-State-Zip:	NAVARRE FL 32566	City-State-Zip:	NAVARRE FL 32566
Title	D		
Name	JENNIFER KELLY		
Address	7569 WOODMONT RD.		
City-State-Zip:	NAVARRE FL 32566		

## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N2300003178

Entity Name: UPLIFT TECHNOLOGIES CORPORATION

### **Current Principal Place of Business:**

7569 WOODMONT RD. NAVARRE, FL 32566

### **Current Mailing Address:**

7569 WOODMONT RD. NAVARRE, FL 32566 US

#### FEI Number: 92-3555646

UNITED STATES CORPORATION AGENTS, INC. 476 RIVERSIDE AVE. JACKSONVILLE, FL 32202 US

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

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.

PRESIDENT

FILED Mar 25, 2024 Secretary of State 6986064239CC

Certificate of Status Desired: No

03/25/2024 Date

Date