

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90066 020 ***150.00

DOCUMENT # P94000079396

1. Entity Name
IAD TECHNOLOGIES CORP.

Principal Place of Business 2890 PALM BCH BLVD. FT MYERS FL 33916 US	Mailing Address 2198 MAIN ST SARASOTA FL 34237-6824 US
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2. Principal Place of Business 3131 E. RIVERSIDE DR Suite, Apt. #, etc. FT. MYERS, FL.	3. Mailing Address 3131 E. RIVERSIDE DR Suite, Apt. #, etc.
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City & State FT. MYERS, FL	City & State FT. MYERS, FL
Zip 33916	Country USA
Zip 33916	Country U.S.A.

4. FEI Number 65-0530421	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ATTREE, RUSSELL
~~2890 PALM BCH BLVD.~~
FT MYERS FL 33916

7. Name and Address of New Registered Agent
 Name **RUSSELL ATTREE**
 Street Address (P.O. Box Number is Not Acceptable)
3131 E. RIVERSIDE DR.
 City **FT. MYERS** **FL** Zip Code **33916**

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ATTREE, RUSS 2890 PALM BCH BLVD 3131 E. RIVERSIDE DR FT MYERS FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ATTREE, JULIAN 2890 PALM BCH BLVD 3131 E. RIVERSIDE DR FT MEYRS FL 33916
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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #