

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020225

1. Entity Name

TECHNOLOGY RESOURCES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90015 023 ***150.00

Principal Place of Business

Mailing Address

2841 EXECUTIVE DRIVE
SUITE 200
CLEARWATER FL 33762

2841 EXECUTIVE DRIVE
SUITE 200
CLEARWATER FL 34695-0103

2. Principal Place of Business

2424 MADRID AVE.

3. Mailing Address

P.O. Box 103

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SAFETY HARBOR, FL.

City & State

SAFETY HARBOR, FL.

4. FEI Number

59-3364116

Applied For

Not Applicable

Zip

Country

34695 USA

Zip

Country

34695 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, WILLIAM S

~~2465 HERON TERRACE~~
~~B-203~~
~~CLEARWATER FL 33762~~

2424 MADRID AVE.
SAFETY HARBOR, FL.
34695

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.

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME LEE, WILLIAM S
STREET ADDRESS 2465 HERON TERRACE, B-203 SEE ABOVE
CITY-ST-ZIP CLEARWATER FL 33762

TITLE V ☐ Delete
NAME LEE, EMILY C
STREET ADDRESS 2465 HERON TERRACE, B-203 SEE ABOVE
CITY-ST-ZIP CLEARWATER FL 33762

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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
WILLIAM S. LEE

Date

2/17/00

(727)

799-2100

CR2E034 (9/99)