

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91381 005 \*\*\*150.00

**DOCUMENT # F83954**

1. Entity Name  
**TECHPORT, INC.**



Principal Place of Business  
**50 S BELCHER, #113  
CLEARWATER FL 33765**

Mailing Address  
**50 S BELCHER, #113  
CLEARWATER FL 33765**



2. Principal Place of Business

**2292 GROVEWOOD RD**  
Suite, Apt. #, etc.

3. Mailing Address

**2292 GROVEWOOD RD**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**CLEARWATER FL**

City & State  
**CLEARWATER FL**

4. FEI Number **59-2198931**

Applied For  
Not Applicable

Zip Country  
**33764 USA**

Zip Country  
**33764 USA**

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

6. Name and Address of Current Registered Agent

**BAVLI, MOSHE  
C/O TECHPORT, INC.  
50 S BELCHER, #113  
CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name **BAVLI, MOSHE**  
Street Address (P.O. Box Number is Not Acceptable)  
**2292 GROVEWOOD RD**  
City **CLEARWATER** FL Zip Code **33764**

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 **MOSHE BAVLI (PD) 4-23-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAVLI, MOSHE 2292 GROVEWOOD RD CLEARWATER, FL 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BAVLI, SILVIA 2292 GROVEWOOD RD. CLEARWATER FL	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS 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:

**MOSHE BAVLI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/03 796-0635**  
Daytime Phone #

CR2E034 (10/02)