

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001107

1. Entity Name

STG TECHNOLOGY MARKETING CORPORATION

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90100 011 ***150.00

Principal Place of Business

4951 BABCOCK STREET NORTHEAST
SUITE 4
~~PALM BEACH FL 32905~~
US

Mailing Address

4951 BABCOCK STREET NORTHEAST
SUITE 4
~~PALM BEACH FL 32905-2016~~
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM BAY, FL

City & State
PALM BAY, FL

4. FEI Number **59-3212917**

Applied For
Not Applicable

Zip
32905

Country

Zip
32905

Country

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

~~TIBBALL, GEORGE~~
1098 CITRUS AVE NE
PALM BAY FL 32905

Name **TIBBALL, GEORGE**

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

1/4/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PCS TIBBALL, GEORGE 1098 CITRUS AVE NE PALM BAY FL 32905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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

1/4/00

321-728-1611

Date

Daytime Phone #

CR2E034 (9/99)