

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90105 002 \*\*\*150.00

**DOCUMENT # F97000003325**

1. Entity Name

**TECNET WEST, INC.**

Principal Place of Business

Mailing Address

3016 LINCOLN CT  
 GARLAND TX 75041  
 US

PO BOX 58008  
 TUKWILA WA 98138-1008



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**64-0747102**

Applied For

Not Applicable

Zip

Country

Zip

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

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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	CP	<input type="checkbox"/> Delete
NAME	FAIL, JOSEPH D	
STREET ADDRESS	236 E. CAPITOL ST.	
CITY-ST-ZIP	JACKSON MS 39201	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FRANK, WALTER J JR.	
STREET ADDRESS	236 E. CAPITOL ST.	
CITY-ST-ZIP	JACKSON MS 39201	
TITLE	V	<input type="checkbox"/> Delete
NAME	HEALEA, ROBERT J	
STREET ADDRESS	236 E. CAPITOL ST.	
CITY-ST-ZIP	JACKSON MS 39201	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SKELTON, D. WAYNE	
STREET ADDRESS	236 E. CAPITOL ST.	
CITY-ST-ZIP	JACKSON MS 39201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cloyce C. Clark, Jr.	
STREET ADDRESS	3016 Lincoln CT	
CITY-ST-ZIP	Garland, TX 75041	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sec/Treasurer**

**2/21/00**

Date

**(206)431-1040**

Daytime Phone #

CR2E034 (9/99)