

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90072 024 ***150.00

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1. Entity Name
TALLAHASSEE TECHNOLOGIES, INC.

Principal Place of Business
**1720 WEST PAUL DIRAC DRIVE
TALLAHASSEE FL 32310**

Mailing Address
**1720 WEST PAUL DIRAC DRIVE
TALLAHASSEE FL 32310**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3528307**

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

**COBURN, T. MICHAEL
1720 WEST PAUL DIRAC DRIVE
TALLAHASSEE FL 32310**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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	D	<input checked="" type="checkbox"/> Delete
NAME	PERESS, YEHUDA	
STREET ADDRESS	7597 SKIPPER LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	C	<input type="checkbox"/> Delete
NAME	COBURN, T. MICHAEL	
STREET ADDRESS	6143 PICKWICK RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHIFF, NEHENIA	
STREET ADDRESS	26 HASHOFTIM ST.	
CITY-ST-ZIP	HOLON 58102 ISRAEL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAY, RICHARD	
STREET ADDRESS	10200 BIGNONIA DR	
CITY-ST-ZIP	LAUREL MD 22180	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOULTZ, R F	
STREET ADDRESS	2027 MAFAIR MCLEAN CT	
CITY-ST-ZIP	FALLS CHURCH VA 22043	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANG, V O	
STREET ADDRESS	1008 MOUNTFORT CT	
CITY-ST-ZIP	VIENNA VA 22180	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chaim Caspi	
STREET ADDRESS	2204 Tuscanilla Road	
CITY-ST-ZIP	Tallahassee, FL 32312	
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		

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 I am empowered.

SIGNATURE: *T. Michael Coburn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **T. Michael Coburn**

1/30/03 **850.0428**
Date Daytime Phone #

CR2E034 (10/02)